a. Sessoms

Health Care Financing Administration

National Listing of Providers Furnishing Kidney Dialysis and Transplant Services

Sequence: State, City

1984

U.S. Department of
Health and
Human Services

TABLE OF CONTENTS

Map of ESRD Network Areas i

Exhibit A--Providers of Renal Care--Growth Rate ii

Exhibit B--Providers of Renal Care--Hospitals Compared to Independents iii

Table 1--Number of Suppliers of ESRD Services and Approved Dialysis Stations for ESRD Networks by Service Type iv

Table 2--Number of Operational Suppliers of ESRD Services and Approved Dialysis Stations for HCFA Regions and States by Service Type and Facility Location v

Table 3--Number of Suppliers of ESRD Services for ESRD Networks by Training Service vii

Table 4--Number of Suppliers of ESRD Services for HCFA Regions by Training Service viii

Table 5--Number of Suppliers of ESRD Services by ESRD Networks by Minimum Utilization Rates (MUR) Classification and Service Type x

Table 6--Number of Suppliers of ESRD Services by HCFA Regions by Minimum Utilization Rates (MUR) Classification and Service Type xi

Table 7--Number of Suppliers of Maintenance Dialysis Services Summarized by Profit and Non-Profit xiii

Glossary of Terms xiv

Addendum xvi

List of Approved ESRD Facilities in State, City Sequence 1

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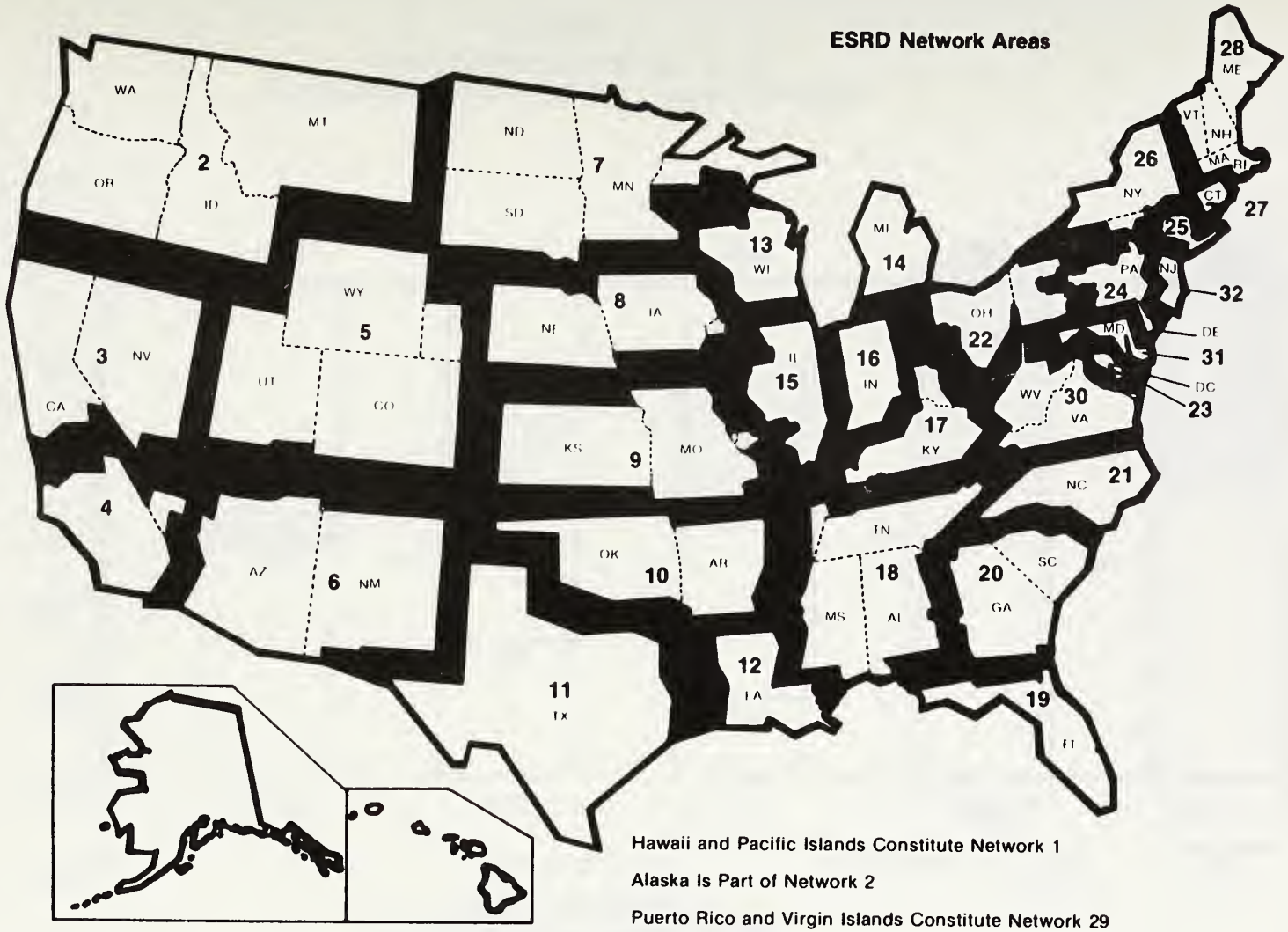

Hawaii and Pacific Islands Constitute Network 1

Alaska Is Part of Network 2

Puerto Rico and Virgin Islands Constitute Network 29

Exhibit A
PROVIDERS OF RENAL CARE
GROWTH RATE

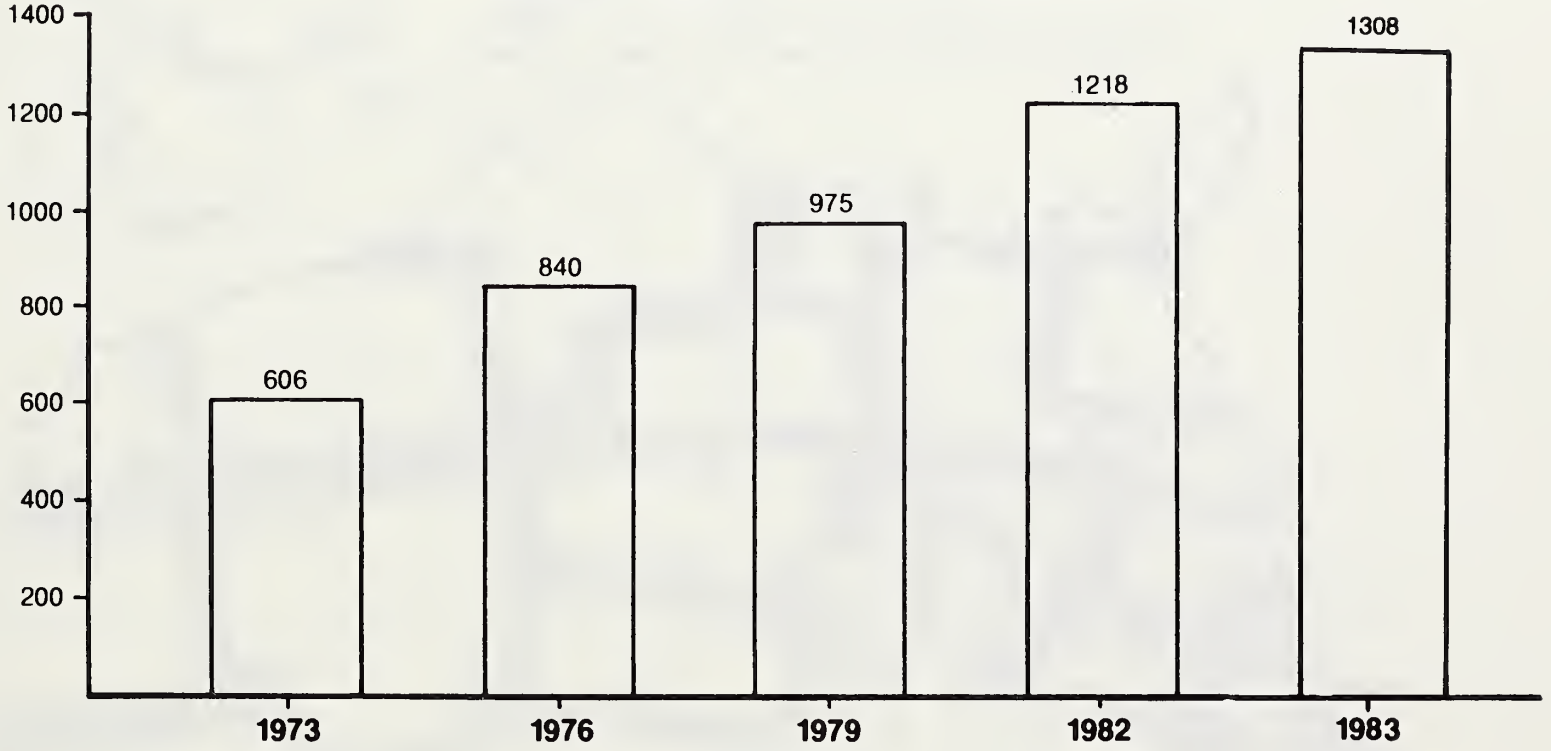

Exhibit B
PROVIDERS OF RENAL CARE
HOSPITALS COMPARED TO INDEPENDENTS

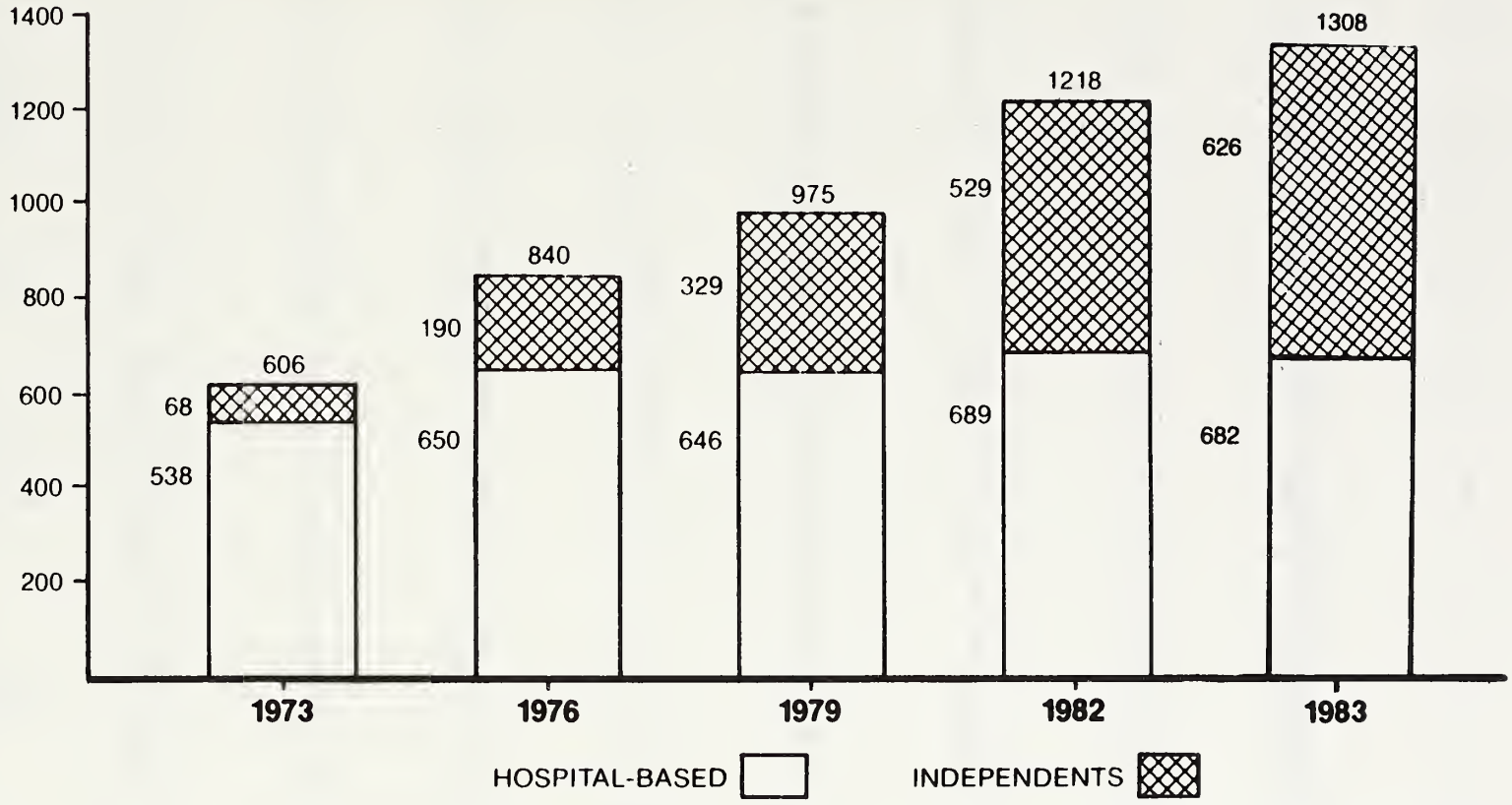

TABLE 1 - NUMBER OF SUPPLIERS OF ESRD SERVICES AND APPROVED DIALYSIS STATIONS FOR ESRD NETWORKS BY SERVICE TYPE

	TOTAL	(1) TOTAL TRANSPLANT CENTERS	(2) TRANSPLANT CENTER ONLY	(3) DIALYSIS & TRANSPLANT CENTER	(4) TOTAL DIALYSIS FACILITIES CENTERS	(5) DIALYSIS CENTER ONLY	(6) DIALYSIS FACILITY-HOSPITAL	(7) DIALYSIS FACILITY-NON-HOSPITAL	(8) INPATIENT CARE	NUMBER OF APPROVED DIALYSIS STATIONS
U.S. TOTAL	1,308	159	13	146	1,246	363	111	626	49	15,506
NETWORK 1	9	1	0	1	9	3	4	1	0	96
2	33	5	3	2	29	13	0	14	1	262
3	58	3	0	3	56	15	5	33	2	679
4	101	11	2	9	92	22	6	55	7	1,213
5	32	3	0	3	28	5	1	19	4	272
6	33	4	1	3	31	6	6	16	1	310
7	30	3	0	3	29	7	17	2	1	322
8	19	2	0	2	18	8	6	2	1	185
9	35	8	1	7	33	6	5	15	1	398
10	37	6	0	6	36	13	4	13	1	286
11	83	8	2	6	77	16	5	50	4	1,186
12	42	5	0	5	42	3	3	31	0	429
13	22	2	0	2	21	14	4	1	1	167
14	37	10	1	9	34	12	5	8	2	510
15	66	7	0	7	61	18	8	28	5	841
16	14	2	0	2	14	10	1	1	0	224
17	24	6	0	6	24	1	3	14	0	277
18	75	5	0	5	73	8	3	57	2	929
19	85	4	0	4	77	8	4	61	8	1,053
20	63	5	1	4	61	4	4	49	1	898
21	20	5	0	5	20	1	0	14	0	407
22	50	6	0	6	50	22	5	17	0	633
23	26	5	0	5	25	4	0	16	1	338
24	65	7	0	7	59	23	0	29	6	745
25	65	7	1	6	64	41	2	15	0	758
26	25	6	1	5	24	15	2	2	0	202
27	15	2	0	2	15	12	0	1	0	164
28	38	9	0	9	38	14	2	13	0	438
29	15	2	0	2	15	8	0	5	0	151
30	47	4	0	4	47	11	4	28	0	531
31	18	3	0	3	18	4	1	10	0	232
32	26	3	0	3	26	16	1	6	0	370

TOTAL = 2 + 4 + 8
(1) = 2 + 3
(4) = 3 + 5 + 6 + 7

TABLE 2 - NUMBER OF OPERATIONAL SUPPLIERS OF ESRD SERVICES AND APPROVED DIALYSIS STATIONS FOR HCFA REGIONS AND STATES BY SERVICE TYPE AND FACILITY LOCATION

	TOTAL	(1) TOTAL TRANSPLANT CENTERS	(2) TRANSPLANT CENTER ONLY	(3) DIALYSIS & TRANSPLANT CENTER	(4) TOTAL DIALYSIS FACILITIES CENTERS	(5) DIALYSIS CENTER ONLY	(6) DIALYSIS FACILITY-HOSPITAL	(7) DIALYSIS FACILITY-NON-HOSPITAL	(8) INPATIENT CARE	NUMBER OF APPROVED DIALYSIS STATIONS
U.S. TOTAL	1,308	159	13	146	1,246	363	111	626	49	15,506
REGION 1	53*	11*	0*	11*	53*	26*	2*	14*	0*	602*
CONNECTICUT	15	2	0	2	15	12	0	1	0	164
MAINE	4	1	0	1	4	2	0	1	0	46
MASSACHUSETTS	24	7	0	7	24	8	2	7	0	269
NEW HAMPSHIRE	4	0	0	0	4	2	0	2	0	31
RHODE ISLAND	5	0	0	0	5	2	0	3	0	81
VERMONT	1	1	0	1	1	0	0	0	0	11
REGION 2	130*	18*	2*	16*	128*	79*	5*	28*	0*	1,476*
NEW JERSEY	26	3	0	3	26	16	1	6	0	370
NEW YORK	89	13	2	11	87	55	4	17	0	955
PUERTO RICO	13	1	0	1	13	7	0	5	0	145
VIRGIN ISLAND	2	1	0	1	2	1	0	0	0	6
CANADA	0	0	0	0	0	0	0	0	0	0
REGION 3	176*	20*	0*	20*	169*	49*	7*	93*	7*	2,091*
DELAWARE	3	0	0	0	3	1	0	2	0	49
WASHINGTON DC	13	5	0	5	12	0	0	7	1	168
MARYLAND	26	3	0	3	26	7	1	15	0	337
PENNSYLVANIA	82	8	0	8	76	29	2	37	6	941
VIRGINIA	43	4	0	4	43	8	2	29	0	504
WEST VIRGINIA	9	0	0	0	9	4	2	3	0	92
REGION 4	257*	21*	1*	20*	245*	21*	12*	192*	11*	3,428*
ALABAMA	23	2	0	2	22	3	0	17	1	301
FLORIDA	85	4	0	4	77	8	4	61	8	1,053
GEORGIA	41	4	1	3	40	3	4	30	0	601
KENTUCKY	16	2	0	2	16	0	3	11	0	157
MISSISSIPPI	23	1	0	1	23	1	1	20	0	259
NORTH CAROLIN	20	5	0	5	20	1	0	14	0	407
SOUTH CAROLIN	21	1	0	1	20	1	0	18	1	287
TENNESSEE	28	2	0	2	27	4	0	21	1	363
REGION 5	202*	33*	1*	32*	190*	76*	30*	52*	11*	2,499*
ILLINOIS	70	7	0	7	63	18	8	30	7	868
INDIANA	14	2	0	2	14	10	1	1	0	224
MICHIGAN	40	10	1	9	37	13	7	8	2	524
MINNESOTA	17	3	0	3	16	4	7	2	1	203
OHIO	39	9	0	9	39	17	3	10	0	513
WISCONSIN	22	2	0	2	21	14	4	1	1	167

TOTAL = 2 + 4 + 8
(1) = 2 + 3
(4) = 3 + 5 + 6 + 7

TABLE 2 - NUMBER OF OPERATIONAL SUPPLIERS OF ESRD SERVICES AND APPROVED DIALYSIS STATIONS FOR HCFA REGIONS AND STATES BY SERVICE TYPE AND FACILITY LOCATION

	TOTAL	(1) TOTAL TRANSPLANT CENTERS	(2) TRANSPLANT CENTER ONLY	(3) DIALYSIS & TRANSPLANT CENTER	(4) TOTAL DIALYSIS FACILITIES CENTERS	(5) DIALYSIS CENTER ONLY	(6) DIALYSIS FACILITY-HOSPITAL	(7) DIALYSIS FACILITY-NON-HOSPITAL	(8) INPATIENT CARE	NUMBER OF APPROVED DIALYSIS STATIONS
REGION 6	176*	20*	3*	17*	168*	35*	16*	100*	5*	2,018*
ARKANSAS	18	2	0	2	17	6	1	8	1	147
LOUISIANA	42	5	0	5	42	3	3	31	0	429
NEW MEXICO	13	1	1	0	12	3	3	6	0	109
OKLAHOMA	20	4	0	4	20	7	4	5	0	147
TEXAS	83	8	2	6	77	16	5	50	4	1,186
REGION 7	52*	10*	1*	9*	51*	14*	13*	15*	0*	569*
IOWA	10	1	0	1	10	7	1	1	0	115
KANSAS	6	2	0	2	6	1	1	2	0	94
MISSOURI	28	6	1	5	27	5	5	12	0	296
NEBRASKA	8	1	0	1	8	1	6	0	0	64
REGION 8	45*	3*	0*	3*	41*	11*	8*	19*	4*	400*
COLORADO	16	1	0	1	12	5	0	6	4	156
MONTANA	4	0	0	0	4	4	0	0	0	28
NORTH DAKOTA	4	0	0	0	4	1	3	0	0	74
SOUTH DAKOTA	6	0	0	0	6	1	5	0	0	31
UTAH	14	2	0	2	14	0	0	12	0	104
WYOMING	1	0	0	0	1	0	0	1	0	7
REGION 9	188*	18*	2*	16*	176*	43*	18*	99*	10*	2,189*
ARIZONA	20	3	0	3	19	3	3	10	1	201
CALIFORNIA	156	14	2	12	145	35	11	87	9	1,845
HAWAII	7	1	0	1	7	1	4	1	0	88
NEVADA	3	0	0	0	3	2	0	1	0	47
MEXICO	0	0	0	0	0	0	0	0	0	0
AMERICAN SAMO	1	0	0	0	1	1	0	0	0	2
GUAM	1	0	0	0	1	1	0	0	0	6
SAIPAN	2	1	1	0	0	6	5	1	0	0
REGION 10	29*	5*	3*	2*	25*	9*	0*	14*	1*	234*
ALASKA	2	0	0	0	1	0	0	1	1	9
IDAHO	2	0	0	0	2	2	0	0	0	10
OREGON	9	1	0	1	9	3	0	5	0	101
WASHINGTON	16	4	3	1	13	4	0	8	0	114

TOTAL = 2 + 4 + 8
(1) = 2 + 3
(4) = 3 + 5 + 6 + 7

TABLE 3 - NUMBER OF SUPPLIERS OF ESRO SERVICES
FOR ESRO NETWORKS BY TRAINING SERVICE

	NUMBER OF SUPPLIERS					
	TOTAL SUPPLIERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	TOTAL IN-CENTER SELF-CARE UNITS
U.S. TOTAL	1,308	825	647	319	647	225
NETWORK 1	9	4	4	1	3	3
2	33	16	13	7	13	4
3	58	42	27	8	33	12
4	101	57	41	14	46	18
5	32	16	16	13	12	5
6	33	20	14	6	18	4
7	30	11	8	5	9	2
8	19	18	18	1	10	1
9	35	29	28	5	18	4
10	37	23	17	4	17	12
11	83	49	24	7	42	21
12	42	22	21	9	10	14
13	22	18	11	10	14	2
14	37	28	25	14	24	4
15	66	49	43	30	34	28
16	14	13	8	3	12	1
17	24	12	10	7	12	1
18	75	39	29	21	36	6
19	85	44	26	12	37	5
20	63	40	30	18	33	9
21	20	14	14	11	12	1
22	50	39	33	17	30	10
23	26	14	14	3	11	2
24	65	41	34	28	32	17
25	65	33	22	6	24	7
26	25	19	18	8	12	3
27	15	14	14	7	12	3
28	38	32	26	10	28	3
29	15	6	5	0	2	2
30	47	32	27	14	27	3
31	18	13	9	7	12	4
32	26	18	18	13	12	14

TABLE 4 - NUMBER OF SUPPLIERS OF ESRD SERVICES
FOR HCFA REGIONS BY TRAINIONG SERVICE

	NUMBER OF SUPPLIERS					
	TOTAL SUPPLIERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	TOTAL IN-CENTER SELF-CARE UNITS
U.S. TOTAL	1,308	825	647	319	647	225
REGION 1	53*	46*	40*	17*	40*	6*
CONNECTICUT	15	14	14	7	12	3
MAINE	4	4	4	1	3	0
MASSACHUSETTS	24	20	15	7	18	1
NEW HAMPSHIRE	4	3	2	0	3	0
RHODE ISLAND	5	4	4	2	3	1
VERMONT	1	1	1	0	1	1
REGION 2	130*	75*	62*	26*	49*	26*
NEW JERSEY	26	18	18	13	12	14
NEW YORK	89	51	39	13	35	10
PUERTO RICO	13	6	5	0	2	2
VIRGIN ISLANDS	2	0	0	0	0	0
CANADA	0	0	0	0	0	0
REGION 3	176*	118*	101*	64*	96*	34*
DELAWARE	3	3	3	2	2	0
WASHINGTON DC	13	6	6	1	5	1
MARYLAND	26	18	14	9	16	5
PENNSYLVANIA	82	56	48	38	44	25
VIRGINIA	43	29	26	11	23	3
WEST VIRGINIA	9	6	4	3	6	0
REGION 4	257*	143*	104*	64*	124*	21*
ALABAMA	23	15	13	10	14	2
FLORIDA	85	44	26	12	37	5
GEORGIA	41	29	24	12	25	8
KENTUCKY	16	7	6	3	7	1
MISSISSIPPI	23	8	7	5	7	3
NORTH CAROLINA	20	14	14	11	12	1
SOUTH CAROLINA	21	10	5	5	7	1
TENNESSEE	28	16	9	6	15	0
REGION 5	202*	147*	118*	72*	116*	41*
ILLINOIS	70	51	45	30	36	30
INDIANA	14	13	8	3	12	1
MICHIGAN	40	30	27	15	25	5
MINNESOTA	17	8	6	4	7	1
OHIO	39	27	21	10	22	2
WISCONSIN	22	18	11	10	14	2

TABLE 4 - NUMBER OF SUPPLIERS OF ESRD SERVICES
FOR HCFA REGIONS BY TRAINIONG SERVICE

	NUMBER OF SUPPLIERS					
	TOTAL SUPPLIERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	TOTAL IN-CENTER SELF-CARE UNITS
REGION 6	176*	102*	67*	23*	77*	51*
ARKANSAS	18	14	9	3	10	5
LOUISIANA	42	22	21	9	10	14
NEW MEXICO	13	7	4	2	7	3
OKLAHOMA	20	10	9	2	8	8
TEXAS	83	49	24	7	42	21
REGION 7	52*	45*	44*	6*	26*	3*
IOWA	10	10	10	0	7	0
KANSAS	6	5	5	2	3	0
MISSOURI	28	23	22	3	14	3
NEBRASKA	8	7	7	1	2	0
REGION 8	45*	21*	20*	15*	17*	6*
COLORADO	16	11	11	8	8	2
MONTANA	4	4	4	2	4	1
NORTH DAKOTA	4	0	0	0	0	0
SOUTH DAKOTA	6	1	0	0	1	0
UTAH	14	5	5	5	4	3
WYOMING	1	0	0	0	0	0
REGION 9	188*	116*	82*	27*	93*	34*
ARIZONA	20	13	10	4	11	1
CALIFORNIA	156	96	66	20	76	29
HAWAII	7	3	3	1	3	3
NEVADA	3	3	2	2	3	1
MEXICO	0	0	0	0	0	0
AMERICAN SAMOA	1	0	0	0	0	0
GUAM	1	1	1	0	0	0
SAIPAN	0	0	0	0	0	17
REGION 10	29*	12*	9*	5*	9*	3*
ALASKA	2	0	0	0	0	0
IDAHO	2	1	1	0	1	0
OREGON	9	7	5	3	5	0
WASHINGTON	16	4	3	2	3	3

TABLE 5 - NUMBER OF SUPPLIERS OF ESRD SERVICES
BY ESRO NETWORKS BY MINIMUM UTILIZATION RATES (MUR) CLASSIFICATION AND SERVICE TYPE

			DIALYSIS FACILITY																		
			-- TRANSPLANT CENTERS --					-- DIALYSIS CENTERS ----					------ HOSPITALS - ------					---- NON-HOSPITALS ----				
		TOTAL	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK
U.S. TOTAL		1308	159	118	34	4	3	558	485	53	17	3	111	93	15	3	0	626	498	111	7	10
NETWORK	1	9	1	1	0	0	0	4	3	0	1	0	4	4	0	0	0	1	1	0	0	0
	2	33	5	2	2	0	1	16	13	1	2	0	0	0	0	0	0	14	7	5	0	2
	3	58	3	3	0	0	0	20	18	1	1	0	5	4	0	1	0	33	30	3	0	0
	4	101	11	9	2	0	0	38	34	4	0	0	6	5	1	0	0	55	44	10	1	0
	5	32	3	1	1	1	0	12	10	0	2	0	1	1	0	0	0	19	11	4	4	0
	6	33	4	2	1	0	1	10	7	2	1	0	6	6	0	0	0	16	11	4	0	1
	7	30	3	3	0	0	0	11	9	1	1	0	17	14	2	1	0	2	2	0	0	0
	8	19	2	2	0	0	0	11	10	0	1	0	6	6	0	0	0	2	2	0	0	0
	9	35	8	5	3	0	0	14	13	1	0	0	5	5	0	0	0	15	9	6	0	0
	10	37	6	2	3	1	0	20	15	4	1	0	4	2	1	1	0	13	11	0	0	2
	11	83	8	6	2	0	0	26	23	3	0	0	5	4	1	0	0	50	47	3	0	0
	12	42	5	3	2	0	0	8	8	0	0	0	3	3	0	0	0	31	22	8	0	1
	13	22	2	2	0	0	0	17	16	0	0	1	4	3	1	0	0	1	1	0	0	0
	14	37	10	7	3	0	0	23	23	0	0	0	5	5	0	0	0	8	7	1	0	0
	15	66	7	5	2	0	0	30	28	1	1	0	8	7	1	0	0	28	27	1	0	0
	16	14	2	2	0	0	0	12	11	1	0	0	1	0	1	0	0	1	0	1	0	0
	17	24	6	4	2	0	0	7	6	0	1	0	3	3	0	0	0	14	11	3	0	0
	18	75	5	4	1	0	0	15	14	1	0	0	3	3	0	0	0	57	44	11	1	1
	19	85	4	4	0	0	0	20	19	1	0	0	4	2	2	0	0	61	47	13	0	1
	20	63	5	3	2	0	0	9	9	0	0	0	4	4	0	0	0	49	38	11	0	0
	21	20	5	4	1	0	0	6	5	1	0	0	0	0	0	0	0	14	14	0	0	0
	22	50	6	6	0	0	0	28	25	1	2	0	5	3	2	0	0	17	14	3	0	0
	23	26	5	4	0	1	0	10	10	0	0	0	0	0	0	0	0	16	13	2	1	0
	24	65	7	4	2	0	1	36	28	8	0	0	0	0	0	0	0	29	27	2	0	0
	25	65	7	6	1	0	0	47	35	11	0	1	2	2	0	0	0	15	10	5	0	0
	26	25	6	5	0	1	0	20	17	2	1	0	2	2	0	0	0	2	0	2	0	0
	27	15	2	2	0	0	0	14	13	1	0	0	0	0	0	0	0	1	1	0	0	0
	28	38	9	7	2	0	0	23	19	3	0	1	2	2	0	0	0	13	10	2	0	1
	29	15	2	0	2	0	0	10	5	3	2	0	0	0	0	0	0	5	3	2	0	0
	30	47	4	4	0	0	0	15	15	0	0	0	4	1	3	0	0	28	20	7	0	1
	31	18	3	3	0	0	0	7	7	0	0	0	1	1	0	0	0	10	8	2	0	0
	32	26	3	3	0	0	0	19	17	2	0	0	1	1	0	0	0	6	6	0	0	0

** MUR CODES ** U = UNCONDITIONAL, C = CONDITIONAL, E = EXCEPTION, UK = UNKNOWN

TABLE 6 - NUMBER OF SUPPLIERS OF ESRD SERVICES
BY HCFA REGIONS BY MINIMUM UTILIZATION RATES (MUR) CLASSIFICATION AND SERVICE TYPE

												DIALYSIS FACILITY									
		TRANSPLANT CENTERS					DIALYSIS CENTERS					HOSPITALS					NON-HOSPITALS				
	TOTAL	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK
U.S. TOTAL	1308	159	118	34	4	3	558	485	53	17	3	111	93	15	3	0	626	498	111	7	10
REGION 1	53*	11	9	2	0	0*	37	32	4	0	1*	2	2	0	0	0*	14	11	2	0	1*
CONNECTICUT	15	2	2	0	0	0	14	13	1	0	0	0	0	0	0	0	1	1	0	0	0
MAINE	4	1	1	0	0	0	3	3	0	0	0	0	0	0	0	0	1	1	0	0	0
MASSACHUSETT	24	7	5	2	0	0	15	12	2	0	1	2	2	0	0	0	7	5	1	0	1
NEW HAMPSHIR	4	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	1	1	0	0
RHODE ISLAND	5	0	0	0	0	0	2	1	1	0	0	0	0	0	0	0	3	3	0	0	0
VERMONT	1	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
REGION 2	130*	18	14	3	1	0*	95	73	18	3	1*	5	5	0	0	0*	28	19	9	0	0*
NEW JERSEY	26	3	3	0	0	0	19	17	2	0	0	1	1	0	0	0	6	6	0	0	0
NEW YORK	89	13	11	1	1	0	66	51	13	1	1	4	4	0	0	0	17	10	7	0	0
PUERTO RICO	13	1	0	1	0	0	8	3	3	2	0	0	0	0	0	0	5	3	2	0	0
VIRGIN ISLAN	2	1	0	1	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0
CANADA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REGION 3	176*	20	16	2	1	1*	76	68	8	0	0*	7	4	3	0	0*	93	75	16	1	1*
DELAWARE	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2	2	0	0	0
WASHINGTON D	13	5	4	0	1	0	6	6	0	0	0	0	0	0	0	0	7	5	2	0	0
MARYLAND	26	3	3	0	0	0	10	10	0	0	0	1	1	0	0	0	15	12	2	1	0
PENNSYLVANIA	82	8	5	2	0	1	43	35	8	0	0	2	2	0	0	0	37	32	5	0	0
VIRGINIA	43	4	4	0	0	0	12	12	0	0	0	2	1	1	0	0	29	21	7	0	1
WEST VIRGINI	9	0	0	0	0	0	4	4	0	0	0	2	0	2	0	0	3	3	0	0	0
REGION 4	257*	21	17	4	0	0*	52	49	3	0	0*	12	10	2	0	0*	192	152	37	1	2*
ALABAMA	23	2	1	1	0	0	6	5	1	0	0	0	0	0	0	0	17	14	3	0	0
FLORIDA	85	4	4	0	0	0	20	19	1	0	0	4	2	2	0	0	61	47	13	0	1
GEORGIA	41	4	2	2	0	0	6	6	0	0	0	4	4	0	0	0	30	23	7	0	0
KENTUCKY	16	2	2	0	0	0	2	2	0	0	0	3	3	0	0	0	11	9	2	0	0
MISSISSIPPI	23	1	1	0	0	0	2	2	0	0	0	1	1	0	0	0	20	16	3	1	0
NORTH CAROLI	20	5	4	1	0	0	6	5	1	0	0	0	0	0	0	0	14	14	0	0	0
SOUTH CAROLI	21	1	1	0	0	0	3	3	0	0	0	0	0	0	0	0	18	15	3	0	0
TENNESSEE	28	2	2	0	0	0	7	7	0	0	0	0	0	0	0	0	21	14	6	0	1
REGION 5	202*	33	26	7	0	0*	119	108	4	6	1*	30	23	7	0	0*	52	48	4	0	0*
ILLINOIS	70	7	5	2	0	0	32	29	1	2	0	8	7	1	0	0	30	29	1	0	0
INDIANA	14	2	2	0	0	0	12	11	1	0	0	1	0	1	0	0	1	0	1	0	0
MICHIGAN	40	10	7	3	0	0	24	23	0	1	0	7	7	0	0	0	8	7	1	0	0
MINNESOTA	17	3	3	0	0	0	8	7	1	0	0	7	5	2	0	0	2	2	0	0	0
OHIO	39	9	7	2	0	0	26	22	1	3	0	3	1	2	0	0	10	9	1	0	0
WISCONSIN	22	2	2	0	0	0	17	16	0	0	1	4	3	1	0	0	1	1	0	0	0

** MUR CODES ** U = UNCONDITIONAL, C = CONDITIONAL, E = EXCEPTION, UK = UNKNOWN

TABLE 6 - NUMBER OF SUPPLIERS OF ESRO SERVICES
BY HCFA REGIONS BY MINIMUM UTILIZATION RATES (MUR) CLASSIFICATION AND SERVICE TYPE

												---------- DIALYSIS FACILITY ----------									
		-- TRANSPLANT CENTERS --					-- DIALYSIS CENTERS ----					------ HOSPITALS - ------					---- NON-HOSPITALS ----				
	TOTAL	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK
REGION 6	176*	20	12	7	1	0*	57	48	8	1	0*	16	13	2	1	0*	100	85	12	0	3*
ARKANSAS	18	2	0	1	1	0	9	5	3	1	0	1	1	0	0	0	8	7	0	0	1
LOUISIANA	42	5	3	2	0	0	8	8	0	0	0	3	3	0	0	0	31	22	8	0	1
NEW MEXICO	13	1	1	0	0	0	3	2	1	0	0	3	3	0	0	0	6	5	1	0	0
OKLAHOMA	20	4	2	2	0	0	11	10	1	0	0	4	2	1	1	0	5	4	0	0	1
TEXAS	83	8	6	2	0	0	26	23	3	0	0	5	4	1	0	0	50	47	3	0	0
REGION 7	52*	10	7	3	0	0*	23	22	1	0	0*	13	13	0	0	0*	15	9	6	0	0*
IOWA	10	1	1	0	0	0	8	8	0	0	0	1	1	0	0	0	1	1	0	0	0
KANSAS	6	2	1	1	0	0	3	3	0	0	0	1	1	0	0	0	2	1	1	0	0
MISSOURI	28	6	4	2	0	0	10	9	1	0	0	5	5	0	0	0	12	7	5	0	0
NEBRASKA	8	1	1	0	0	0	2	2	0	0	0	6	6	0	0	0	0	0	0	0	0
REGION 8	45*	3	1	1	1	0*	18	16	0	2	0*	8	7	0	1	0*	19	11	4	4	0*
COLORAOO	16	1	1	0	0	0	10	8	0	2	0	0	0	0	0	0	6	6	0	0	0
MONTANA	4	0	0	0	0	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0
NORTH OAKOTA	4	0	0	0	0	0	1	1	0	0	0	3	3	0	0	0	0	0	0	0	0
SOUTH OAKOTA	6	0	0	0	0	0	1	1	0	0	0	5	4	0	1	0	0	0	0	0	0
UTAH	14	2	0	1	1	0	2	2	0	0	0	0	0	0	0	0	12	5	4	3	0
WYOMING	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
REGION 9	188*	18	14	3	0	1*	69	60	6	3	0*	18	16	1	1	0*	99	81	16	1	1*
ARIZONA	20	3	1	1	0	1	7	5	1	1	0	3	3	0	0	0	10	6	3	0	1
CALIFORNIA	156	14	12	2	0	0	56	50	5	1	0	11	9	1	1	0	87	74	12	1	0
HAWAII	7	1	1	0	0	0	2	2	0	0	0	4	4	0	0	0	1	1	0	0	0
NEVAOA	3	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	1	0	1	0	0
MEXICO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AMERICAN SAM	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
GUAM	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
SAIPAN	14	2	1	1	0	0	6	5	1	0	0	2	1	1	0	0	6	5	1	0	0
REGION 10	29*	5	2	2	0	1*	12	9	1	2	0*	0	0	0	0	0*	14	7	5	0	2*
ALASKA	2	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	1	0	0
IDAHO	2	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0
OREGON	9	1	1	0	0	0	4	4	0	0	0	0	0	0	0	0	5	3	1	0	1
WASHINGTON	16	4	1	2	0	1	5	3	1	1	0	0	0	0	0	0	8	4	3	0	1

** MUR CODES ** U = UNCONDITIONAL, C = CONDITIONAL, E = EXCEPTION, UK = UNKNOWN

TABLE 7 - NUMBER OF SUPPLIERS OF MAINTENANCE DIALYSIS SERVICES
SUMMARIZED BY PROFIT AND NON-PROFIT

	T - O - T - A - L			P - R - O - F - I - T			N O N - P R O F I T			
	PROVIDERS	PROFIT	NONPROFIT	HOSPITALS	HOSPITAL SATELLITES	FREE-STANDING	HOSPITALS	HOSPITAL SATELLITES	FREE-STANDING	UNKNOWN
U.S. TOTALS	1,246	502	732	14	0	488	571	30	131	12
REGION 1	53*	12*	40*	0*	0*	12*	37*	1*	2*	1*
CONNECTICUT	15	1	14	0	0	1	14	0	0	0
MAINE	4	1	3	0	0	1	3	0	0	0
MASSACHUSETTS	24	6	17	0	0	6	15	1	1	1
NEW HAMPSHIRE	4	2	2	0	0	2	2	0	0	0
RHODE ISLAND	5	2	3	0	0	2	2	0	1	0
VERMONT	1	0	1	0	0	0	1	0	0	0
REGION 2	128*	19*	105*	0*	0*	19*	93*	3*	9*	4*
NEW JERSEY	26	6	20	0	0	6	20	0	0	0
NEW YORK	87	8	76	0	0	8	64	3	9	3
PUERTO RICO	13	5	7	0	0	5	7	0	0	1
VIRGIN ISLANDS	2	0	2	0	0	0	2	0	0	0
CANADA	0	0	0	0	0	0	0	0	0	0
REGION 3	169*	86*	83*	3*	0*	83*	72*	1*	10*	0*
DELAWARE	3	3	0	1	0	2	0	0	0	0
WASHINGTON DC	12	7	5	0	0	7	5	0	0	0
MARYLAND	26	13	13	1	0	12	10	0	3	0
PENNSYLVANIA	76	33	43	1	0	32	38	0	5	0
VIRGINIA	43	28	15	0	0	28	13	1	1	0
WEST VIRGINIA	9	2	7	0	0	2	6	0	1	0
REGION 4	245*	144*	99*	2*	0*	142*	51*	0*	48*	2*
ALABAMA	22	16	6	0	0	16	5	0	1	0
FLORIDA	77	53	24	2	0	51	14	0	10	0
GEORGIA	40	24	14	0	0	24	10	0	4	2
KENTUCKY	16	5	11	0	0	5	5	0	6	0
MISSISSIPPI	23	6	17	0	0	6	3	0	14	0
NORTH CAROLINA	20	12	8	0	0	12	6	0	2	0
SOUTH CAROLINA	20	15	5	0	0	15	2	0	3	0
TENNESSEE	27	13	14	0	0	13	6	0	8	0
REGION 5	190*	38*	152*	0*	0*	38*	126*	12*	14*	0*
ILLINOIS	63	27	36	0	0	27	25	8	3	0
INDIANA	14	1	13	0	0	1	12	1	0	0
MICHIGAN	37	5	32	0	0	5	28	1	3	0
MINNESOTA	16	0	16	0	0	0	13	1	2	0
OHIO	39	4	35	0	0	4	28	1	6	0
WISCONSIN	21	1	20	0	0	1	20	0	0	0

TABLE 7 - NUMBER OF SUPPLIERS OF MAINTENANCE DIALYSIS SERVICES
SUMMARIZED BY PROFIT AND NON-PROFIT

	T-O-T-A-L			P-R-O-F-I-T			NON-PROFIT			
	PROVIDERS	PROFIT	NONPROFIT	HOSPITALS	HOSPITAL SATELLITES	FREE-STANDING	HOSPITALS	HOSPITAL SATELLITES	FREE-STANDING	UNKNOWN
REGION 6	168*	95*	70*	4*	0*	91*	64*	0*	6*	3*
ARKANSAS	17	7	9	0	0	7	9	0	0	1
LOUISIANA	42	30	11	0	0	30	11	0	0	1
NEW MEXICO	12	7	5	2	0	5	4	0	1	0
OKLAHOMA	20	5	14	1	0	4	14	0	0	1
TEXAS	77	46	31	1	0	45	26	0	5	0
REGION 7	51*	3*	48*	0*	0*	3*	36*	0*	12*	0*
IOWA	10	1	9	0	0	1	9	0	0	0
KANSAS	6	0	6	0	0	0	4	0	2	0
MISSOURI	27	2	25	0	0	2	15	0	10	0
NEBRASKA	8	0	8	0	0	0	8	0	0	0
REGION 8	41*	13*	28*	0*	0*	13*	22*	0*	6*	0*
COLORADO	12	6	6	0	0	6	6	0	0	0
MONTANA	4	0	4	0	0	0	4	0	0	0
NORTH DAKOTA	4	0	4	0	0	0	4	0	0	0
SOUTH DAKOTA	6	0	6	0	0	0	6	0	0	0
UTAH	14	6	8	0	0	6	2	0	6	0
WYOMING	1	1	0	0	0	1	0	0	0	0
REGION 9	176*	89*	86*	5*	0*	84*	59*	13*	14*	1*
ARIZONA	19	7	11	0	0	7	6	3	2	1
CALIFORNIA	145	80	65	5	0	75	47	6	12	0
HAWAII	7	1	6	0	0	1	2	4	0	0
NEVADA	3	1	2	0	0	1	2	0	0	0
MEXICO	0	0	0	0	0	0	0	0	0	0
AMERICAN SAMOA	1	0	1	0	0	0	1	0	0	0
GUAM	1	0	1	0	0	0	1	0	0	0
SAIPAN	53	12	40	0	0	12	37	1	2	1
REGION 10	25*	3*	21*	0*	0*	3*	11*	0*	10*	1*
ALASKA	1	0	1	0	0	0	0	0	1	0
IDAHO	2	0	2	0	0	0	2	0	0	0
OREGON	9	3	5	0	0	3	4	0	1	1
WASHINGTON	13	0	13	0	0	0	5	0	8	0

GLOSSARY OF TERMS

The items appearing in this glossary are intended to assist the reader by supplying operational definitions of the terms used in this publication.

BACKUP HOSPITAL - A hospital with whom a dialysis facility has a written agreement under which inpatient hospital care or other hospital services are available promptly to the dialysis facility's patients when needed.

CAPD - Continuous Ambulatory Peritoneal Dialysis -A type of peritoneal dialysis whereby the patient dialyzes at home, using special supplies, but without the need for a machine.

CROSS-REFER-NO - A special series of provider numbers assigned to hospitals by the Health Standards and Quality Bureau of HCFA in order to accept renal data in the Medicare Medicaid Automated Certification System (MMACS).

DIALYSIS CENTER - A hospital unit which is approved to furnish the full spectrum of diagnostic, therapeutic and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis furnished directly or under arrangement).

DIALYSIS FACILITY - A unit of a hospital which is approved to furnish dialysis service(s) directly to ESRD patients.

DIALYSIS STATION - The treatment area which is designed and equipped to provide adequate and safe dialysis therapy, as well as privacy and comfort for patients.

HEMODIALYSIS - A method of dialysis in which blood from a patients body is circulated through an external device or machine and thence returned to the patients bloodstream. Such an artificial kidney machine usually is designed to remove fluids and metabolic end products from the bloodstream by placing the blood in contact with a semi-permeable membrane which is bathed on the other side by an appropriate chemical solution referred to as dialysate.

HSA - Health Systems Agency

INPATIENT CARE ONLY - A renal dialysis center which performs 20 percent or less of their dialysis on an outpatient basis.

MSA - Metropolitan Statistical Area

PERITONEAL DIALYSIS - A procedure which introduces dialysate into the abdominal cavity to remove waste products through the peritoneum (membrane which surrounds the intestines and other organs in the abdomninal cavity). It functions in a manner similar to that of the (artificial) semi-permeable membrane in the hemodialysis machine.

PROVIDER NUMBER - An assigned Medicare identification number for billing which consists of six positions. The first two positions represent a state code. The third and fourth positions represent the type of provider of services. For renal providers, the coding is as follows:

0 in 3rd position = Short-stay hospital
20 in 3rd and 4th positions = Long-term care hospital
25 in 3rd and 4th positions = Independent renal facilities
35 in 3rd and 4th positions = Hospital Satellite renal facility
(Hospital satellites are owned and operated by hospitals.)

Example:
01 0001 = Hospital in Alabama
05 2500 = Independent in California
14 3500 = Hospital Satellite in Illinois

RENAL NETWORK - An approved organized group of ESRD facilities in a designated area which, by their type and location and because of local referral patterns, collectively furnish the necessary care for ESRD patients in the population served.

SELF-CARE SERVICES - A unit of a dialysis facility or center where patients who have been trained to perform self-dialysis with little or no professional assistance dialyze.

SPECIAL PURPOSE FACILITY - A renal dialysis facility which is approved to furnish dialysis at special locations on a short-term basis to a group of dialysis patients otherwise unable to obtain treatment in the geographical area. The special locations must be either special rehabilitative (including vacation) locations service ESRD patients temporarily residing there, or locations in need of ESRD facilities under emergency circumstances.

STAFF-ASSISTED SERVICES - A dialysis setting in which the patient is dialyzed at a facility or center by staff at that facility or center.

TRAINING SERVICES - A program that trains ESRD patients to perform self-dialysis or home dialysis with little or no professional assistance, and trains other individuals to assist patients in performing self-dialysis or home dialysis.

TRANSPLANT CENTER - A hospital unit which is approved to furnish direct transplantation and other medical and surgical speciality services for the care of the ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement.

ADDENDUM

The following facilities have been omitted from the National Listing either because of a systems problem or because the notice of approval was received too late to be included. These facilities are not reflected in any tables or exhibits.

Valley Dialysis Center Inc.
1806 Carridale Street
Decatur AL 35601
Provider No: 012518
Renal Network: 18

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Date Approved: 12/07/83
Total Stations: 18

Miami Dialysis Center Inc.
1250 NW 7th Street
Miami FL 33125
Provider No: 102566
Renal Network: 19

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Date Approved: 09/21/83
Total Stations: 10

Delray Artificial Kidney Center
5210 Linton Blvd., Suite 105
Delray Beach FL 33445
Provider No: 102567
Renal Network: 19

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Date Approved: 09/19/83
Total Stations: 05

Mount Vernon Kidney Center
2401 Veterans Memorial Drive
Mount Vernon IL 62864
Provider No: 142532
Renal Network: 15

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Hemodialysis Training
In-Unit Self Hemodialysis
CAPD
Date Approved: 11/16/83
Total Stations: 05

Deaconess South Dialysis Center
4145 Union Road
St. Louis MO 63129
Provider No: 263500
Renal Network: 09

Approved as: Renal Dialysis Facility-Hospital
Services: Staff-Assisted Hemodialysis
Staff-Assisted Peritoneal Dialysis
Date Approved: 02/28/84
Total Stations: 09

Queens Artificial Kidney Center
34-35 70th Street
Jackson Heights NY 11372
Provider No: 332517
Renal Network: 25

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
In-Unit Self Hemodialysis
Date Approved: 07/16/80
Total Stations: 52

Rogosin Institute
429 East 71st Street
New York, NY 10021
Provider No: 332520
Renal Network: 25

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Staff-Assisted Peritoneal Dialysis
Hemodialysis Training
Peritoneal Dialysis Training
CAPD
Date Approved: 09/23/83
Total Stations: 27

Rocky Mount Kidney Center
228 Hill Street
Rocky Mount, NC 27801
Provider No: 342517
Renal Network: 21

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Date Approved: 11/18/83
Total Stations: 10

Clark County Dialysis Facility Inc.
247 S. Burnett Road
Springfield OH 45505
Provider No: 362510
Renal Network: 17

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Staff-Assisted Peritoneal Dialysis
Date Approved: 12/15/83
Total Stations: 10

Main Line Dialysis Services Ltd.
City Line & Lancaster Aves
Philadelphia PA 19151
Provider No: 392539
Renal Network: 24

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Staff-Assisted Peritoneal Dialysis
Hemodialysis Training
Peritoneal Training
In-Unit Self Hemodialysis
In-Unit Self Peritoneal Dialysis
CAPD
Date Approved: 11/17/83
Total Stations: 08

BMA of San German
41 Luna Street
San German PR 00753
Provider No: 402506
Renal Network: 29

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Staff-Assisted Peritoneal Dialysis
Date Approved: 09/02/83
Total Stations: 08

Bennettsville Dialysis Center
301 East Main Street
Bennettsville SC 29512
Provider No: 422520
Renal Network: 20

Approved as: Renal Dialysis Facility
Services: Staff-Assisted Hemodialysis
Date Approved: 09/16/83
Total Stations: 20

Camp Cullen Children's Dialysis Center
Route 2, Box 1350
Trinity TX 75862
Provider No: 452555
Renal Network: 11

Approved as: Special Purpose Facility
Services: Staff-Assisted Hemodialysis
Staff-Assisted Peritoneal Dialysis
Date Approved: 06/13/83
Total Stations: 04

Carthage Dialysis Center
301 E. Sabine
Carthage TX 75633
Provider No: 452556
Renal Network: 11

Approved as: Special Purpose Facility
Services: Staff-Assisted Hemodialysis
Staff-Assisted Peritoneal Dialysis
Date Approved: 08/08/83
Total Stations: 06

Midvale Dialysis Center
5475 South 500 East
Ogden UT 84403
Provider No: 462514
Renal Network: 05

Approved as: Special Purpose Facility
Services: Staff-Assisted Hemodialysis
Staff-Assisted Peritoneal Dialysis
CAPD
Date Approved: 08/01/83
Total Stations: 06

REGIONAL DIALYSIS OF ANNISTON
700 QUINTARD AVE
ANNISTON AL 36201
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012511
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800721 MSA: 0450
NUMBER OF DIALYSIS STATIONS: 008

COMMUNITY DIALYSIS SERVICES
1005 W MARKET ST #17
ATHENS AL 35611
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012517
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830121 MSA:
NUMBER OF DIALYSIS STATIONS: 004

THE NORWOOD CLINIC INC
1600 N 26TH ST
BIRMINGHAM AL 35234
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012516
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 821202 MSA: 1000
NUMBER OF DIALYSIS STATIONS: 012

COMMUNITY DIALYSIS SERVICES OF BIRM
9228 PARKWAY EAST
BIRMINGHAM AL 35206
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012508
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790628 MSA: 1000
NUMBER OF DIALYSIS STATIONS: 008

UNIVERSITY OF ALABAMA HOSP-
619 S 19TH ST
BIRMINGHAM AL 35233
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 010033
CROSS-REFERENCE: 012300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 1000
NUMBER OF DIALYSIS STATIONS: 042

BAPTIST MEDICAL CTR PRINCETON
701 PRINCETON AVE SW
BIRMINGHAM AL 35211
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 010103
CROSS-REFERENCE: 012304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 770715 MSA: 1000
NUMBER OF DIALYSIS STATIONS: 014

CHILDRENS HOSPITAL OF ALABAMA
1600 7TH AVE SOUTH
BIRMINGHAM AL 35233
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 010141
CROSS-REFERENCE: 012306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 821117 MSA: 1000
NUMBER OF DIALYSIS STATIONS: 006

DIALYSIS FACILITY OF SOUTH ALABAMA
1203 BELLEVILLE AVENUE
BREWTON AL 36426
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012510
BACKUP HOSPITAL: 010081
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 800229
NUMBER OF DIALYSIS STATIONS: 012
HSA:
MSA: ****

COMMUNITY DIALYSIS SVCS OF DOTHAN
1513 EAST MAIN ST
DOTHAN AL 36301
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012506
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 771128
NUMBER OF DIALYSIS STATIONS: 012
HSA: 05
MSA: 2180

COMMUNITY DIALYSIS SVCS-N CENTRAL AL
401 S FIRST ST
GADSDEN AL 35902
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012501
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 015
HSA: 04
MSA: 2880

HUNTSVILLE HOSP
101 SIVELY RD
HUNTSVILLE AL 35801
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 010039
CROSS-REFERENCE: 012301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 017
HSA: 01
MSA: 3440

NORTH ALA NEPHROLOGY CENTER
411 ENGEL DRIVE
HUNTSVILLE AL 35801
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012509
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 790716
NUMBER OF DIALYSIS STATIONS: 010
HSA:
MSA: 3440

BMA OF CHATTAHOOCHEE INC
SUITE 13 PLAZA PARK
LANGDALE AL 36864
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012513
BACKUP HOSPITAL: 010119
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 810212
NUMBER OF DIALYSIS STATIONS: 006
HSA: 04
MSA:

PROVIDENCE HOSP
1504 SPRINGHILL AVE
MOBILE AL 36652
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 010090
CROSS-REFERENCE: 012303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 031
HSA: 06
MSA: 5160

BIO MEDICAL APPLICATIONS OF MOBILE INC
1700 CENTER ST
MOBILE AL 36604
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012507
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790104 MSA: 5160
NUMBER OF DIALYSIS STATIONS: 010

ST MARGARETS HOSP
834 ADAMS AVE
MONTGOMERY AL 36104
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 010081
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 781101 MSA: 5240
NUMBER OF DIALYSIS STATIONS: 000

MONTGOMERY NEPHROLOGY REFERRAL CENTER
303 SOUTH RIPLEY STREET SUITE 20
MONTGOMERY AL 36104
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012500
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 760901 MSA: 5240
NUMBER OF DIALYSIS STATIONS: 026

COMMUNITY DIALYSIS SVCS-CENTRAL AL
2119 E S BLVD B2
MONTOGMERY AL 36116
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012505
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 771214 MSA: 5240
NUMBER OF DIALYSIS STATIONS: 008

OPELIKA NEPHROLOGY REFERRAL CENTER INC
122 NORTH 20TH STREET
OPELIKA AL 36802
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012515
BACKUP HOSPITAL: 010029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820907 MSA:
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY DIALYSIS CTR OF PHENIX CITY
1700 21ST COURT SUITE 102
PHENIX CITY AL 36867
INTERMEDIARY NO: 00010
RENAL NETWORK = 20
PROVIDER NO: 012514
BACKUP HOSPITAL: 010031
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 810318 MSA: 1800
NUMBER OF DIALYSIS STATIONS: 010

SELMA NEPHROLOGY REFERRAL CTR INC.
1019 MEDICAL CENTER PARKWAY
SELMA AL 36701
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012512
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800825 MSA:
NUMBER OF DIALYSIS STATIONS: 011

COMMUNITY DIALYSIS SVCS-NW ALABAMA
1002 10TH AVE
SHEFFIELO AL 35660
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012503

BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 771013 MSA: 2650
NUMBER OF DIALYSIS STATIONS: 015

REGIONAL DIALYSIS CTR OF DCH INC
815 UNIVERSITY BLVD
TUSCALOOSA AL 35403
INTERMEDIARY NO: 00010
RENAL NETWORK = 18
PROVIDER NO: 012502

BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 02
OATE APPROVEO: 771021 MSA: 8600
NUMBER OF DIALYSIS STATIONS: 014

PROVIDENCE HOSPITAL
3200 PROVIDENCE AVENUE
ANCHORAGE AK 99504
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 020001

CROSS-REFERENCE: 022300
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 02
DATE APPROVED: 770901 MSA: 0380
NUMBER OF DIALYSIS STATIONS: 002

ALASKA KIDNEY CENTER
4000 LAUREL ST
ANCHORAGE AK 99504
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 022500

BACKUP HOSPITAL: 020001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 02
DATE APPROVED: 770901 MSA: 0380
NUMBER OF DIALYSIS STATIONS: 007

VERDE VALLEY DIALYSIS CENTER
202 S WILLARD ST
COTTDNWDDD AZ 86326
INTERMEDIARY ND: 00030
RENAL NETWORK = 06
PROVIDER NO: 032511
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP:
HCFA REGIDN: 09
DATE APPROVED: 830927
NUMBER DF DIALYSIS STATIDNS: 007
HSA:
MSA:

GLENDALE OUTPATIENT DIALYSIS CTR
6004 W NORTHERN AVE
GLENDALE AZ 85301
INTERMEDIARY NO: 00030
RENAL NETWDRK = 06
PROVIDER NO: 033502
BACKUP HOSPITAL: 030002
APPROVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: CORPORATIDN-NOT FDR PRDFIT
HCFA REGIDN: 09
DATE APPRDVED: 770812
NUMBER DF DIALYSIS STATIDNS: 014
HSA: 01
MSA:

DESERT SAMARITAN HDSP & HLTH CTR
1400 SOUTH DDBSON RDAD
MESA AZ 85202
INTERMEDIARY NO: 00030
RENAL NETWDRK = 06
PROVIDER ND: 030065
CRDSS-REFERENCE: 032306
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF DWNERSHIP: CDRPORATIDN-NDT FOR PRDFIT
HCFA REGION: 09
DATE APPRDVED: 801114
NUMBER OF DIALYSIS STATIONS: 003
HSA:
MSA: 6200

EAST VALLEY DIALYSIS SERVICES
6553 EAST BAYWOOD
MESA AZ 85206
INTERMEDIARY NO: 00030
RENAL NETWDRK = 06
PROVIDER NO: 032509
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPORATIDN-FDR PRDFIT
HCFA REGION: 09
DATE APPROVED: 821108
NUMBER DF DIALYSIS STATIONS: 006
HSA:
MSA: 6200

DOBSDN MESA MEM DUTPATIENT DIAL FAC
1500 SDUTH DOBSDN RD
MESA AZ 85202
INTERMEDIARY ND: 00030
RENAL NETWORK = 06
PROVIDER NO: 033501
BACKUP HDSPITAL: 030002
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPORATIDN-NOT FOR PRDFIT
HCFA REGIDN: 09
DATE APPRDVED: 770818
NUMBER DF DIALYSIS STATIONS: 014
HSA: 01
MSA: 6200

PHDENIX ARTIFICIAL KIDNEY CENTER
13460 N 94TH DRIVE
PEDRIA AZ 85345
INTERMEDIARY NO: 00030
RENAL NETWDRK = 06
PROVIDER ND: 032503
BACKUP HDSPITAL: 030002
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF OWNERSHIP: OTHER-FDR PROFIT
HCFA REGIDN: 09
DATE APPROVED: 790326
NUMBER OF DIALYSIS STATIDNS: 018
HSA:
MSA: 6200

GOOD SAMARITAN MED CTR
1111 EAST MCDOWELL
PHOENIX AZ 85007
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 030002
CROSS-REFERENCE: 032300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CDNDITIONAL
TYPE OF OWNERSHIP: CORPDRATION-NOT FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770812
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIDNAL
HSA: 01
MSA: 6200

MARICOPA CO GEN HOSP
2601 E ROOSEVELT
PHOENIX AZ 85008
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 030022
CROSS-REFERENCE: 032302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770818 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 009

ST JOSEPHS HOSP & MEDICAL CENTER
350 W THOMAS RD
PHOENIX AZ 85013
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 030024
CROSS-REFERENCE: 032303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 830721 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 008

SCOTTSDALE DIALYSIS CENTER
7321 E OSBORN DR
SCOTTSDALE AZ 85251
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032504
BACKUP HOSPITAL: 030002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 790601 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 018

SOUTH PHOENIX DIALYSIS SVCS
1332 SOUTH 5TH AVE
PHOENIX AZ 85003
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032508
BACKUP HOSPITAL: 030002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 811228 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 006

LINCOLN DIALYSIS CENTER
34 EAST SUNNYSLOPE LANE
PHOENIX AZ 85021
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032510
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 821123 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 006

PHOENIX OUT PATIENT DIALYSIS CTR
1101 EAST WILLETTA
PHOENIX AZ 85006
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 033500
BACKUP HOSPITAL: 030002
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770812 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 016

TUBA CITY DIALYSIS UNIT
CEDAR STREE,BOX 2905
TUBA CITY AZ 86045
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032506
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810615 MSA:
NUMBER OF DIALYSIS STATIONS: 006

ST MARYS HOSP & HEALTH CTR
1601 W ST MARYS RD
TUCSON AZ 85703
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 030010
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 820308 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 000

UNIV HOSP ARIZONA HLTH SCIENCES CTR
1501 N CAMPBELL
TUCSON AZ 85724
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 030064
CROSS-REFERENCE: 032304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 02
DATE APPROVED: 770812 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 003

VA HOSP
3601 S 6TH AVE
TUCSON AZ 85713
INTERMEDIARY NO: 99990
RENAL NETWORK = 06
PROVIDER NO: 03013F
CROSS-REFERENCE: 032305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL
HCFA REGION: 09 HSA: 02
DATE APPROVED: 770829 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 009

ARTIFICAL KIDNEY CENTER
2504 EAST ELM STREET
TUCSON AZ 85716
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032500
BACKUP HOSPITAL: 030064
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 02
DATE APPROVED: 770812 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 016

ARTIFICAL KIDNEY CENTER EAST
5200 EAST GRANT ROAD BUILDING 50
TUCSON AZ 85712
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032501
BACKUP HOSPITAL: 030064
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 02
DATE APPROVED: 780306 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 027

COMMUNITY DIALYSIS SERVICES OF YUMA
1230 WEST 24TH STREET
YUMA AZ 85364
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032502
BACKUP HOSPITAL: 030002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 05
DATE APPROVED: 781004 MSA:
NUMBER OF DIALYSIS STATIONS: 006

COMMUNITY DIALYSIS SVCS OF EL DORADO
312 THOMAS ST
EL DORADO AR 71730
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042503
BACKUP HOSPITAL: 040016
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 790403
NUMBER OF DIALYSIS STATIONS: 010
HSA:
MSA: ****

WASHINGTON REGIONAL MED CTR
1125 N. COLLEGE
FAYETTEVILLE AR 72701
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040004
CROSS-REFERENCE: 042300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 007
HSA: 01
MSA: 2580

SPARKS REGIONAL MEDICAL CENTER
1311 S "I" ST
FT SMITH AR 72301
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040055
CROSS-REFERENCE: 042305
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 006
HSA: 01
MSA: 2720

HOLT KROCK DIALYSIS CENTER
1500 DODSON AVE
FT SMITH SEBASTIANAR 72901
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042501
BACKUP HOSPITAL: 040055
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 017
HSA: 01
MSA: 2720

OUACHITA MEM HOSP
OLIVE AT BROADWAY
HOT SPRINGS AR 71901
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040078
CROSS-REFERENCE: 042312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06
DATE APPROVED: 810601
NUMBER OF DIALYSIS STATIONS: 002
HSA: 01
MSA:

OUACHITA REGIONAL DIALYSIS CTR INC
PO BOX 1034
HOT SPRINGS AR 71901
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042507
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 820412
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA: ****

ST BERNARDS REGIONAL MEDICAL CTR
224 E MATTHEWS
JONESBORO AR 72401
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040020
CROSS-REFERENCE: 042303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 780905
NUMBER OF DIALYSIS STATIONS: 006
HSA: 02
MSA:

ST VINCENT INFIRMARY
MARKHAM & UNIVERSITY
LITTLE ROCK AR 72201
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040007

CROSS-REFERENCE: 042311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PRDFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 810410 MSA: 4400
NUMBER OF DIALYSIS STATIONS: 007

UNIVERSITY OF ARKANSAS HOSP
4301 W MARKHAM
LITTLE ROCK AR 72201
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040016

CROSS-REFERENCE: 042302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGIDN: 06 HSA: 03
DATE APPROVED: 770831 MSA: 4400
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-CONDITIONAL

VA HOSP
300 E ROOSEVELT RD
LITTLE ROCK AR 72206
INTERMEDIARY NO: 99990
RENAL NETWORK = 10
PROVIDER NO: 04010F

CROSS-REFERENCE: 042308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 06 HSA: 03
DATE APPROVED: 770831 MSA: 4400
NUMBER OF DIALYSIS STATIONS: 003

BAPTIST MEDICAL CENTER
9601 INTERSTATE 630 EXIT 7
LITTLE ROCK AR 72207
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040114

CROSS-REFERENCE: 042309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF OWNERSHIP: CORPORATION-NOT FDR PROFIT

HCFA REGION: 06 HSA: 03
DATE APPROVED: 770831 MSA: 4400
NUMBER OF DIALYSIS STATIONS: 004

ARKANSAS CHILDRENS HOSP
804 WOLFE ST
LITTLE ROCK AR 72201
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040117

CROSS-REFERENCE: 042310
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 790111 MSA: 4400
NUMBER DF DIALYSIS STATIONS: 004
TRANSPLANT-EXCEPTIDN

BIO-MEDICAL APPLICATIONS OF ARKANSAS
5326 W MARCKHAM SUITE 5
LITTLE ROCK AR 72205
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042500

BACKUP HOSPITAL: 040016
APPROVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FDR PROFIT

HCFA REGIDN: 06 HSA: 03
DATE APPROVED: 770831 MSA: 4400
NUMBER OF DIALYSIS STATIONS: 020

LITTLE ROCK HEMODIALYSIS CENTER
9601 LILE DRIVE
LITTLE ROCK AR 72205
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042502

BACKUP HOSPITAL: 040114
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 03
DATE APPROVED: 770831 MSA: 4400
NUMBER OF DIALYSIS STATIONS: 016

COMMUNITY DIALYSIS OF MOUNTAIN HOME
CLG PLZ SHOPPING CTR HWY 62 E :
MOUNTAIN HOME AR 72653
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042505

BACKUP HOSPITAL: 040016
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 791203 MSA: ****
NUMBER OF DIALYSIS STATIONS: 005

COMM DIALYSIS CTR OF PINE BLUFF
2703 W 28TH ST
PINE BLUFF AR 71603
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042506

BACKUP HOSPITAL: 040016
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 800326 MSA: 6240
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY DIALYSIS SERVICES
2704 WEST MAIN
RUSSELLVILLE AR 72801
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042508

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP:

HCFA REGION: 06 HSA:
DATE APPROVED: 831008 MSA:
NUMBER OF DIALYSIS STATIONS: 007

CRITTENDEN MEMORIAL HOSP
200 TYLER ST
WEST MEMPHIS AR 72301
INTERMEDIARY NO: 00020
RENAL NETWORK = 18
PROVIDER NO: 040042

CROSS-REFERENCE: 042304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 03
DATE APPROVED: 770831 MSA: 4920
NUMBER OF DIALYSIS STATIONS: 008

WEST ANAHEIM COMM HOSP
3033 W ORANGE AVE
ANAHEIM CA 92804
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050426
CROSS-REFERENCE: 052348
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 13
DATE APPROVED: 770818 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 006

NEOPHRON INC
2051 E CERRITOS AVENUE
ANAHEIM CA 92806
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052503
BACKUP HOSPITAL: 050065
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 13
DATE APPROVED: 770817 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 012

ARTIFICIAL KIDNEY FOUNDATION OF CA INC
1830 ROMNEYA DR
ANAHEIM CA 92801
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052505
BACKUP HOSPITAL: 050348
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 13
DATE APPROVED: 770815 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 022

COMM DIALYSIS SERV OF VICTOR VALLEY
DEL AMO PLAZA 18888 - HWY 18
APPLE VALLEY CA 92307
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052561
BACKUP HOSPITAL: 050245
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 800730 MSA: 6780
NUMBER OF DIALYSIS STATIONS: 006

MERCY HOSP
2215 TRUXTUN AVE
BAKERSFIELD CA 93301
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050295
CROSS-REFERENCE: 052339
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 09
DATE APPROVED: 770818 MSA: 0680
NUMBER OF DIALYSIS STATIONS: 004

BIOMEDICAL COMMUNITY DIALYSIS CTR
2431 F STREET
BAKERSFIELD CA 93301
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052518
BACKUP HOSPITAL: 050295
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 09
DATE APPROVED: 770802 MSA: 0680
NUMBER OF DIALYSIS STATIONS: 025

HERRICK MEM HOSP
2001 DWIGHT WAY
BERKELEY CA 94704
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050087
CROSS-REFERENCE: 052314
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 05
DATE APPROVED: 830404 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 000

ALTA BATES CHRONIC DIALYSIS CLINIC
2920 TELEGRAPH AVE
BERKELEY CA 94705
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052511
BACKUP HOSPITAL: 050305
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 05
DATE APPROVED: 770815 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 025

BAYSIDE DIALYSIS CLINIC
2001 DWIGHT WAY
BERKELEY CA 94704
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052587
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 830404 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 023

BIO MED COMM DIALYSIS CTR
9330 SANTA MONICA BLVD
BEVERLY HILLS CA 90210
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052501
BACKUP HOSPITAL: 050625
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770804 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 021

PIONEERS MEM HOSP HDIAL UNIT
207 W LEGIONS RD
BRAWLEY CA 92227
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 053502
BACKUP HOSPITAL: 050069
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 14
DATE APPROVED: 770812 MSA:
NUMBER OF DIALYSIS STATIONS: 010

BURBANK DIALYSIS GROUP
501 BUENA VISTA STREET
BURBANK LA CA 91505
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052549
BACKUP HOSPITAL: 050262
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770830 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 015

SAN FERNANDO WEST KIDNEY DIALYSIS
7230 MEDICAL CENTER DR
CANOGA PARK CA 91307
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052588
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 09 HSA: 09
DATE APPROVED: 830615 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 009

NEW WEST DIALYSIS CLINIC
3785 VIA NONA MARIE
CARMEL CA 93923
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052583
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 820805 MSA: 7120
NUMBER OF DIALYSIS STATIONS: 008

NEW WEST DIALYSIS CLINIC CHICO
262 COHASSET LANE
CHICO CA 95926
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052553
BACKUP HOSPITAL: 050109
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 780822 MSA: 1620
NUMBER OF DIALYSIS STATIONS: 006

MT DIABLO HOSP MED CTR
2540 EAST ST
CONCORD CA 94520
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050496
CROSS-REFERENCE: 052354
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 05
DATE APPROVED: 770816 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 024

BROTMAN MEDICAL CENTER
3828 DELMAS TERRACE
CULVER CITY CA 90230
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050144
CROSS-REFERENCE: 052324
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770811 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 000

CULVER CITY DIALYSIS SERVICES
9808 VENICE BLVD STE 300
CULVER CITY CA 90230
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052544
BACKUP HOSPITAL: 050144
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770814 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 019

COMMUNITY DIALYSIS SVCS OF DALY CITY
1498 SOUTHGATE AVE
DALY CITY CA 94015
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052546
BACKUP HOSPITAL: 050033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770831 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 013

GREATER DOWNEY DIALYSIS CTR
8630 FLORENCE AVE
DOWNEY CA 90240
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052574
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810831 MSA: ****
NUMBER OF DIALYSIS STATIONS: 014

EAST BAY DIALYSIS MEDICAL CLINIC
11883B DUBLIN BLVD #100
DUBLIN CA 94566
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052568
BACKUP HOSPITAL: 050195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810210 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 012

GDH DIALYSIS CTR
568 BROADWAY
EL CAJON CA 92020
INTERMEDIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 053503
BACKUP HOSPITAL: 050026
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 14
DATE APPROVED: 770817 MSA: 7320
NUMBER OF DIALYSIS STATIONS: 019

PALOMAR MEM HOSP
550 E GRAND AVE
ESCONDIDO CA 92025
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050115
CROSS-REFERENCE: 052319
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 14
DATE APPROVED: 770817 MSA: 7320
NUMBER OF DIALYSIS STATIONS: 004

NORTH COUNTY DIALYSIS CTR
130 SOUTH FIG ST
ESCONDIDO CA 92025
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052525
BACKUP HOSPITAL: 050115
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 14
DATE APPROVED: 770422 MSA: 7320
NUMBER OF DIALYSIS STATIONS: 010

EUREKA ARCATA HEMO
2701 HARRISON AVENUE
EUREKA CA 95501
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052543
BACKUP HOSPITAL: 050047
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770817 MSA:
NUMBER OF DIALYSIS STATIONS: 006

WASHINGTON HOSP
2000 MOWRY AVE
FREMONT CA 94538
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050195
CROSS-REFERENCE: 052330
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 05
DATE APPROVED: 770815 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 011

SAN JOAQUIN GEN HOSP
HOSPITAL LANE AND HWY 50
FRENCH CAMP CA 95231
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050167
CROSS-REFERENCE: 052326
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 06
DATE APPROVED: 770803 MSA: 8120
NUMBER OF DIALYSIS STATIONS: 010

FRESNO COMM HOSP
FRESNO AND "R" ST
FRESNO CA 93721
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050060
CROSS-REFERENCE: 052372
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810728 MSA: 2840
NUMBER OF DIALYSIS STATIONS: 008

VALLEY MED CENTER
445 S CEDAR AVE
FRESNO CA 93702
INTERMEDIARY NO: 00040
RENAL NETWDRK = 03
PROVIDER ND: 050213
CROSS-REFERENCE: 052332
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CDUNTY-GDVERNMENT NDN-FEDERAL
HCFA REGIDN: 09
DATE APPRDVED: 770825
NUMBER DF DIALYSIS STATIONS: 012
HSA: 09
MSA: 2840

FRESNO DIALYSIS CLINIC
5006 EAST UNIVERSITY
FRESND CA 93727
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052527
BACKUP HDSPITAL: 050213
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CORPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 09
DATE APPRDVED: 770802
NUMBER DF DIALYSIS STATIDNS: 020
HSA: 09
MSA: 2840

MEDICAL CTR DF GARDEN GRDVE
12601 GARDEN GRDVE BLVD.
GARDEN GROVE CA 92643
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050230
CRDSS-REFERENCE: 052333
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMDDIALYSIS
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FDR PRDFIT
HCFA REGIDN: 09
DATE APPRDVED: 770819
NUMBER DF DIALYSIS STATIDNS: 006
HSA: 13
MSA: 0360

BEACH CITIES DIALYSIS
2015 W REDONDO BEACH BLVD
GARDENA CA 90247
INTERMEDIARY NO: 00040
RENAL NETWDRK = 04
PROVIDER ND: 052581
BACKUP HDSPITAL: 050373
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CONDITIDNAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGIDN: 09
DATE APPRDVED: 820805
NUMBER DF DIALYSIS STATIDNS: 013
HSA:
MSA: 4480

GLENDALE ADVENTIST MED CTR
1509 WILSDN AVE
GLENDALE CA 91206
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050239
CRDSS-REFERENCE: 052365
APPROVED AS: INPATIENT CARE DNLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPORATIDN-NDT FDR PRDFIT
HCFA REGION: 09
DATE APPRDVED: 790926
NUMBER DF DIALYSIS STATIDNS: 000
HSA:
MSA: 4480

GLENDALE RENAL CENTER
1509 WILSON TERRACE
GLENDALE CA 91206
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PRDVIDER NO: 052537
BACKUP HDSPITAL: 050239
APPROVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGIDN: 09
DATE APPRDVED: 770829
NUMBER DF DIALYSIS STATIDNS: 010
HSA: 11
MSA: 4480

GLENDALE HEMODIALYSIS FACILITY
1560 E. CHEVY CHASE DR., SUITE 1
GLENDALE CA 91206
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052557
BACKUP HOSPITAL: 050040
APPROVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09
DATE APPRDVED: 790601
NUMBER DF DIALYSIS STATIONS: 016
HSA:
MSA: 4480

GLENOORA COMM HOSP
638 S SANTA FE AVE
GLENOORA CA 91740
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050205

CROSS-REFERENCE: 052331
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770802 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 000

GLENOORA ARTIFICIAL KIDNEY CTR
122 W ALOSTA AVE #23
GLENOORA CA 91740
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052566

BACKUP HOSPITAL: 050205
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 800901 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 022

BAY HARBOR HOSP
1437 W LOMITA BLVD
HARBOR CITY CA 90710
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050066

CROSS-REFERENCE: 052310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 771110 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 006

EAST BAY DIALYSIS MEDICAL CLINICS INC.
21313 FOOTHILL BLVD
HAYWARD CA 94541
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052540

BACKUP HOSPITAL: 050195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 05
DATE APPROVED: 770818 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 024

COMMUNITY DIALYSIS SERVICES
501 E HARDY ST #100
INGLEWOOD CA 90307
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052538

BACKUP HOSPITAL: 050581
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770815 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 030

BURTEC HEMODIALYSIS UNIT
9870 GENESEE AVE
LAJOLLA CA 92037
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052547

BACKUP HOSPITAL: 050025
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 09 HSA: 14
DATE APPROVED: 770826 MSA: 7320
NUMBER OF DIALYSIS STATIONS: 020

GROSSMONT HOSP
5555 GROSSMONT CENTER OR BOX 158
LA MESA CA 92041
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 050026

CROSS-REFERENCE: 052303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 14
DATE APPROVED: 770811 MSA: 7320
NUMBER OF DIALYSIS STATIONS: 006

DOCTORS HOSP
3700 E SOUTH ST
LAKEWOOD CA 90712
INTERMEDIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 050581
CROSS-REFERENCE: 052360
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770718 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 000

COMPTON COMMUNITY HEMODIALYSIS CENTER
726 W COMPTON BLVD
LAKEWOOD CA 90220
INTERMEDIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 052522
BACKUP HOSPITAL: 050581
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770803 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 020

LAKEWOOD COMM DIALYSIS CENTER
4131 E SOUTH ST
LAKEWOOD CA 90712
INTERMEDIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 052539
BACKUP HOSPITAL: 050581
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770804 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 015

CDS OF ANTELOPE VALLEY
44241 N 15TH ST WEST
LANCASTER CA 93534
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052521
BACKUP HOSPITAL: 050262
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770805 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY HEMODIALYSIS UNIT NUMBER 3
5 BON AIR RD SUITE 119
LARKSPUR CA 94939
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052526
BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770818 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 012

LOMA LINDA UNIVERSITY MEDICAL CENTER
11234 ANDERSON ST
LOMA LINDA CA 92354
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050327
CROSS-REFERENCE: 052342
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA: 12
DATE APPROVED: 770812 MSA: 6780
NUMBER OF DIALYSIS STATIONS: 007

LOMA LINDA DIALYSIS SERVICES
11375 ANDERSON STREET
LOMA LINDA CA 92354
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052550
BACKUP HOSPITAL: 050327
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 12
DATE APPROVED: 771202 MSA: 6780
NUMBER OF DIALYSIS STATIONS: 020

ST MARY MEDICAL CENTER
1050 LINOEN AVE
LONG BEACH CA 90801
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIOER NO: 050191
CROSS-REFERENCE: 052328
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
OATE APPROVED: 770811 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 013

MEMORIAL HOSP MEO CTR-LONG BEACH
2801 ATLANTIC AVE
LONG BEACH CA 90801
INTERMEOIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 050485
CROSS-REFERENCE: 052353
APPROVEO AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
OATE APPROVEO: 811113 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 005

BIO MED COMMUNITY HEMODIALYSIS
1045 ALTANTIC AVE NO 108
LONG BEACH CA 90813
INTERMEOIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052523
BACKUP HOSPITAL: 050191
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
OATE APPROVED: 770805 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 018

LOS ALAMITOS HEMODIALYSIS CENTER
3810 KATELLA AVENUE SUITE 401
LOS ALAMITOS CA 90720
INTERMEOIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052515
BACKUP HOSPITAL: 050348
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 13
OATE APPROVEO: 770815 MSA: 0360
NUMBER OF OIALYSIS STATIONS: 024

WHITE MEMORIAL MEOICAL CENTER
1720 BROOKLYN AVE
LOS ANGELES CA 90033
INTERMEOIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050103
APPROVED AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA:
OATE APPROVED: 790917 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 006

CHILORENS HOSP OF LOS ANGELES
4650 SUNSET BLVD
LOS ANGELES CA 90054
INTERMEOIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050123
CROSS-REFERENCE: 052321
APPROVEO AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
OATE APPROVED: 770728 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 010

KAISER FOUNDATION HOSP
4867 SUNSET BLVD
LOS ANGELES CA 90027
INTERMEDIARY NO: 19050
RENAL NETWORK = 04
PROVIDER NO: 050138
CROSS-REFERENCE: 052323
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
OATE APPROVED: 770725 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 018

CALIFORNIA HOSPITAL MEDICAL CTR
1414 S HOPE ST
LOS ANGELES CA 90015
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050149
CROSS-REFERENCE: 052325
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770802
NUMBER OF DIALYSIS STATIONS: 005
HSA: 11
MSA: 4480

U C L A HOSP CTR FOR HEALTH SCIENCES
10833 LE CONTE AVE
LOS ANGELES CA 90024
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050262
CROSS-REFERENCE: 052336
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 09
DATE APPROVED: 770826
NUMBER OF DIALYSIS STATIONS: 008
TRANSPLANT-UNCONDITIONAL
HSA: 11
MSA: 4480

LOS ANGELES COUNTY USC MEDICAL CENTER
1200 N STATE ST
LOS ANGELES CA 90033
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050373
CROSS-REFERENCE: 052344
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09
DATE APPROVED: 770808
NUMBER OF DIALYSIS STATIONS: 011
TRANSPLANT-UNCONDITIONAL
HSA: 11
MSA: 4480

ST VINCENT MEDICAL CENTER
2131 W 3RD ST
LOS ANGELES CA 90057
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050502
CROSS-REFERENCE: 052355
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770817
NUMBER OF DIALYSIS STATIONS: 006
TRANSPLANT-UNCONDITIONAL
HSA: 11
MSA: 4480

MARTIN LUTHER KING JR GEN HOSP
12021 S WILMINGTON AVE
LOS ANGELES CA 90059
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050578
CROSS-REFERENCE: 052359
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09
DATE APPROVED: 770811
NUMBER OF DIALYSIS STATIONS: 000
HSA: 11
MSA: 4480

BEVERLY HILLS MEDICAL CENTER
1177 SOUTH BEVERLY DRIVE
LOS ANGELES CA 90035
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050622
CROSS-REFERENCE: 052363
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770810
NUMBER OF DIALYSIS STATIONS: 009
HSA: 11
MSA: 4480

CEDARS-SINAI MEDICAL CENTER
8700 BEVERLY BLVD
LOS ANGELES CA 90048
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050625
CROSS-REFERENCE: 052364
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770803
NUMBER OF DIALYSIS STATIONS: 020
TRANSPLANT-CONDITIONAL
HSA: 11
MSA: 4480

USHAWL INC CENTER
706 E 32ND ST
LOS ANGELES CA 90011
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052516
BACKUP HOSPITAL: 050373
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770813 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 042

USHAWL INC
934 FAIRFAX AVE
LOS ANGELES CA 90036
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052517
BACKUP HOSPITAL: 050373
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770810 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 010

BIO MED COMMUNITY DIALYSIS UNIT
12401 EAST WASHINGTON BLVD
LOS ANGELES CA 90602
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052519
BACKUP HOSPITAL: 050069
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770803 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 014

EAST L A KIDNEY CTR
5260 E POMONA BLVD
LOS ANGELES CA 90022
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052577
BACKUP HOSPITAL: 050386
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 811223 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 012

ST VINCENT DIALYSIS CTR INC
201 S ALVARADO ST #220
LOS ANGELES CA 90057
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052582
BACKUP HOSPITAL: 050386
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 820901 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 017

MLK KIDNEY CENTER
11859 COMPTON AVE
LOS ANGELES CA 90059
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052590
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 830719 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 006

VILLA GARDENS ARTIFICIAL KIDNEY CTR
2723 W TEMPLE ST
LOS ANGELES CA 90026
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052509
BACKUP HOSPITAL: 050373
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770725 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 035

KIDNEY DIALYSIS CARE UNITS
3600 E CENTURY BLVD
LYNWOOD CA 90262
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052502
BACKUP HOSPITAL: 050502
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770813 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 020

DIALYSIS CENTER OF COUNTY MERCED
200 E 15TH ST
MERCED CA 95340
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052584
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA:
DATE APPROVED: 821108 MSA: ****
NUMBER OF DIALYSIS STATIONS: 006

HOLY CROSS RENAL CENTER
14935 RINALDI ST
MISSION HILLS CA 91345
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052558
BACKUP HOSPITAL: 050262
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 791201 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 015

MISSION COMMUNITY HOSPITAL INC
27802 PUERTA REAL HWY
MISSION VIEJO CA 92675
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050567
CROSS-REFERENCE: 052358
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 13
DATE APPROVED: 770812 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 006

SATELLITE DIALYSIS CENTERS INC
1329 SPANOS CT,BLDG A
MODESTO CA 95350
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052531
BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 06
DATE APPROVED: 770810 MSA: 5170
NUMBER OF DIALYSIS STATIONS: 020

BEVERLY DIALYSIS
100 W HARDING ST
MONTEBELLO CA 90640
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052542
BACKUP HOSPITAL: 050502
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770809 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 009

GARFIELD HEMODIALYSIS CENTER
118 HILLIARD AVE
MONTEREY PARK CA 91754
INTERMEDIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 052564
BACKUP HOSPITAL: 050502
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 800912 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 020

EL CAMINO HOSP
2500 GRANT RD
MOUNTAIN VIEW CA 94042
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050308
CROSS-REFERENCE: 052341
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 07
DATE APPROVED: 770812 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 020

QUEEN OF THE VALLEY (ESRD)
1000 TRANCAS ST
NAPA CA 94558
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050009
CROSS-REFERENCE: 052301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 03
DATE APPROVED: 770831 MSA: 8720
NUMBER OF DIALYSIS STATIONS: 008

NAPA VALLEY COMMUNITY CTR INC
3230 BEARD RD
NAPA CA 94558
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052565
BACKUP HOSPITAL: 050009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 801015 MSA: 8720
NUMBER OF DIALYSIS STATIONS: 007

BIO-MEDICAL COMM DIAL UNIT OF S BAY
303 W 26TH ST
NATIONAL CITY CA 92050
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052536
BACKUP HOSPITAL: 050025
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 14
DATE APPROVED: 770812 MSA: 7320
NUMBER OF DIALYSIS STATIONS: 022

HOAG MEMORIAL HOSP PRESBYTERIAN
301 NEWPORT BLVD,BOX Y
NEWPORT BEACH CA 92663
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050224
CROSS-REFERENCE: 052366
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 800312 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 006

NORTHRIDGE HOSPITAL FOUNDATION
18300 ROSCOE BLVD
NORTHRIDGE CA 91328
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050116
CROSS-REFERENCE: 052320
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 790101 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 000

ONI-NORTHRIDGE CENTER
18300 ROSCOE BLVD
NORTHRIDGE CA 91324
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052545
BACKUP HOSPITAL: 050116
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770815 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 015

DNI-NORTHRIDGE CENTER
18350 ROSCOE BLVD
NORTHRIDGE CA 91325
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052559
BACKUP HOSPITAL: 050262
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 800428
NUMBER OF DIALYSIS STATIONS: 012
HSA:
MSA: 4480

PROVIDENCE HOSPITAL (ESRD)
3100 SUMMIT ST
OAKLAND CA 94623
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050053
CROSS-REFERENCE: 052308
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770812
NUMBER OF DIALYSIS STATIONS: 000
HSA: 05
MSA: 5775

BMA DIALYSIS UNIT
3100 SUMMIT ST SO. BLDG.
OAKLAND CA 94609
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052534
BACKUP HOSPITAL: 050053
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770815
NUMBER OF DIALYSIS STATIONS: 034
HSA: 05
MSA: 5775

BMA OF ALAMEDA COUNTY INC
10700 MACARTHUR BLVD #14
OAKLAND CA 94605
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052586
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 830323
NUMBER OF DIALYSIS STATIONS: 009
HSA:
MSA: 5775

ST JOSEPH HOSP HEMODIALYSIS UNIT
1215 W LAVETA AVE
ORANGE CA 92668
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 050069
CROSS-REFERENCE: 052311
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770815
NUMBER OF DIALYSIS STATIONS: 020
HSA: 13
MSA: 0360

UNIV OF CA-IRVINE MED CTR
101 CITY DRIVE SOUTH
ORANGE CA 92668
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050348
CROSS-REFERENCE: 052343
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 09
DATE APPROVED: 830701
NUMBER OF DIALYSIS STATIONS: 000
HSA: 13
MSA: 0360

UC IRVINE RENAL DIALYSIS CENTER
101 CITY DRIVE SOUTH
ORANGE CA 92668
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052589
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-GOVERNMENT NON-FEDERAL
HCFA REGION: 09
DATE APPROVED: 830701
NUMBER OF DIALYSIS STATIONS: 007
HSA:
MSA: 0360

ST JOHNS HOSP
333 NORTH F ST
OXNARD CA 93030
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050082
CROSS-REFERENCE: 052313
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 10
DATE APPROVED: 770805 MSA: 6000
NUMBER OF DIALYSIS STATIONS: 014

COMMUNITY DIALYSIS SERVICES
12990 BRANFORD UNIT P
PACOIMA CA 91331
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052529
BACKUP HOSPITAL: 050262
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770722 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 011

DESERT DIALYSIS MEDICAL CLINIC INC
345 TACHEVAH STREET
PALM SPRINGS CA 92262
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052541
BACKUP HOSPITAL: 050327
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 09 HSA: 12
DATE APPROVED: 770815 MSA: 6780
NUMBER OF DIALYSIS STATIONS: 012

STANFORD UNIVERSITY HOSPITAL
300 PASTEUR DR
PALO ALTO CA 94305
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050441
CROSS-REFERENCE: 052350
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 07
DATE APPROVED: 770808 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 007

SATELLITE DIALYSIS CENTER
770 WELCH RD #280
PALO ALTO CA 94304
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052551
BACKUP HOSPITAL: 050441
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 07
DATE APPROVED: 771205 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 008

UNI-PASADENA
1845 NORTH FAIROAKS AVE
PASADENA CA 91103
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052562
BACKUP HOSPITAL: 050376
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 800609 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 014

DIALYSIS CENTER OF POMONA
800 N PARK AVE
POMONA CA 91786
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052591
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 830715 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 012

NEW WEST DIALYSIS CLINIC INC
1388 COURT ST. SUITE A
REDDING CA 96001
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052528
BACKUP HOSPITAL: 050109
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770820 MSA: 6690
NUMBER OF DIALYSIS STATIONS: 011

RIVERSIDE GEN HOSP-UNIV MED CENTER
9851 MAGNOLIA AVE
RIVERSIDE CA 92503
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050292
CROSS-REFERENCE: 052338
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 12
DATE APPROVED: 770808 MSA: 6780
NUMBER OF DIALYSIS STATIONS: 010

RIVERSIDE-SAN BERNARDINO HEMO UNIT
4000 FOURTEENTH ST - SUITE 204
RIVERSIDE CA 92501
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052532
BACKUP HOSPITAL: 050292
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 09 HSA: 12
DATE APPROVED: 770812 MSA: 6780
NUMBER OF DIALYSIS STATIONS: 015

ROSEVILLE HEMODIALYSIS CENTER
218 HARDING BLVD
ROSEVILLE CA 95678
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052578
BACKUP HOSPITAL: 050599
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 820115 MSA: 6920
NUMBER OF DIALYSIS STATIONS: 011

SUTTER GEN HOSP-ARTIFICIAL KIDNEY CTR
2820 L STREET
SACRAMENTO CA 95816
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050108
CROSS-REFERENCE: 052316
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 02
DATE APPROVED: 770815 MSA: 6920
NUMBER OF DIALYSIS STATIONS: 012

SUTTER MEM HOSP
52ND & F STS
SACRAMENTO CA 95819
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050109
CROSS-REFERENCE: 052317
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 02
DATE APPROVED: 770817 MSA: 6920
NUMBER OF DIALYSIS STATIONS: 013

UNIV OF CA DAVIS - MED CTR
2315 STOCKTON BLVD
SACRAMENTO CA 95817
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050599
CROSS-REFERENCE: 052361
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 02
DATE APPROVED: 770816 MSA: 6920
NUMBER OF DIALYSIS STATIONS: 004
TRANSPLANT-UNCONDITIONAL

NEW WEST DIALYSIS CLINIC
300 UNIVERSITY AVE #101
SACRAMENTO CA 95825
INTERMEDIARY ND: 00040
RENAL NETWDRK = 03
PRDVIDER NO: 052530
BACKUP HOSPITAL: 050109
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF OWNERSHIP: CDRPDRATIDN-FDR PROFIT
HCFA REGION: 09 HSA: 02
DATE APPROVED: 770819 MSA: 6920
NUMBER OF DIALYSIS STATIONS: 025

NEW WEST DIALYSIS CLIN INC
7000 FRANDLIN BLVD STE 880
SACRAMENTD CA 95823
INTERMEDIARY ND: 00040
RENAL NETWDRK = 03
PROVIDER NO: 052569
BACKUP HDSPITAL: 050109
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FOR PRDFIT
HCFA REGIDN: 09 HSA:
DATE APPROVED: 801219 MSA: 6920
NUMBER OF DIALYSIS STATIDNS: 006

NATIVIDAD MEDICAL CENTER
1330 NATIVIDAD RD
SALINAS CA 93906
INTERMEDIARY ND: 00040
RENAL NETWDRK = 03
PROVIDER ND: 050248
CRDSS-REFERENCE: 052335
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF OWNERSHIP: CDUNTY-GDVERNMENT NDN-FEDERAL
HCFA REGION: 09 HSA: 08
DATE APPROVED: 770812 MSA: 7120
NUMBER OF DIALYSIS STATIONS: 007

SAN BERNADINO COUNTY MED CTR
780 EAST GILBERT
SAN BERNADINO CA 92404
INTERMEDIARY ND: 00040
RENAL NETWORK = 04
PRDVIDER ND: 050245
CRDSS-REFERENCE: 052334
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF OWNERSHIP: COUNTY-GDVERNMENT NDN-FEDERAL
HCFA REGION: 09 HSA: 12
DATE APPROVED: 811115 MSA: 6780
NUMBER OF DIALYSIS STATIDNS: 000
TRANSPLANT-UNCONDITIONAL

SAN BERNARDIND VALLEY HEM
780 GILBERT ST,BDX 2116
SAN BERNARDINO CA 92406
INTERMEDIARY ND: 00040
RENAL NETWDRK = 04
PROVIDER ND: 052575
BACKUP HOSPITAL: 050245
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIONAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FDR PRDFIT
HCFA REGION: 09 HSA:
DATE APPRDVED: 811115 MSA: 6780
NUMBER DF DIALYSIS STATIDNS: 012

UNIVERSITY HDSPITAL UCSD MEDICAL CTR
225 W DICKINSDN ST
SAN DIEGD CA 92103
INTERMEDIARY ND: 00040
RENAL NETWDRK = 04
PRDVIDER ND: 050025
CROSS-REFERENCE: 052302
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF OWNERSHIP: STATE-GDVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 14
DATE APPRDVED: 770816 MSA: 7320
NUMBER DF DIALYSIS STATIDNS: 008
TRANSPLANT-CDNDITIDNAL

BMA DF SAN DIEGD
3960 THIRD AVE
SAN DIEGD CA 92103
INTERMEDIARY ND: 00040
RENAL NETWDRK = 04
PRDVIDER ND: 052500
BACKUP HOSPITAL: 050025
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CORPDRATIDN-FDR PRDFIT
HCFA REGIDN: 09 HSA: 14
DATE APPRDVED: 770811 MSA: 7320
NUMBER DF DIALYSIS STATIDNS: 020

ARTIFICIAL KIDNEY CTR
7927 OSTROW ST
SAN DIEGO CA 92111
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052576
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 811113 MSA: 7320
NUMBER OF DIALYSIS STATIONS: 016

R K DAVIES MEDICAL CENTER
CASTRO DUBOCE STS
SAN FRANCISCO CA 94114
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050008
CROSS-REFERENCE: 052300
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770810 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 014

MOUNT ZION HOSP & MEDICAL CENTER
1600 DIVISADERO ST
SAN FRANCISCO CA 94115
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050033
CROSS-REFERENCE: 052304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770815 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 011

PACIFIC MEDICAL CENTER
2341 CLAY ST
SAN FRANCISCO CA 94115
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050047
CROSS-REFERENCE: 052307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770818 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 018

KAISER FOUNDATION HOSP
2425 GEARY BLVD
SAN FRANCISCO CA 94115
INTERMEDIARY NO: 19050
RENAL NETWORK = 03
PROVIDER NO: 050076
CROSS-REFERENCE: 052312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770405 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 006

ST FRANCIS MEMORIAL HOSP
900 HYDE ST
SAN FRANCISCO CA 94109
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050152
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810622 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 000

UNIVERSITY OF CALIF AT SAN FRANCISCO
505 PARNASSUS AVE
SAN FRANCISCO CA 94143
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050454
CROSS-REFERENCE: 052351
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770831 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 000

COMMUNITY HEMODIALYSIS OF SF
1800 HAIGHT ST
SAN FRANCISCO CA 94117
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052507
BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 770808 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 012

UNIVERSITY OF CA ESRD
1001 POTRERO AVENUE BUILDING 100
SAN FRANCISCO CA 94110
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 053500
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770815 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 012

CHILDREN'S RENAL CENTER
400 PARNASSUS AVE - RM A276
SAN FRANCISCO CA 94143
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 053501
BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770809 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 004

SANTA CLARA VALLEY MEDICAL CENTER
751 S BASCOM AVE
SAN JOSE CA 95128
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050038
CROSS-REFERENCE: 052305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 07
DATE APPROVED: 770822 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 009

SATELLITE DIALYSIS CENTER
1175 SARATOGA AVE
SAN JOSE CA 95129
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052514
BACKUP HOSPITAL: 050441
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 07
DATE APPROVED: 770810 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 017

SATELLITE DIALYSIS CTR INC-E SAN JOSE
2121 ALEXIAN DR
SAN JOSE CA 95116
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052572
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810625 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 013

SAN LUIS OBISPO GEN HOSP
2180 JOHNSON AVE
SAN LUIS OBISPO CA 93406
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050088
CROSS-REFERENCE: 052315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 08
DATE APPROVED: 770810 MSA:
NUMBER OF DIALYSIS STATIONS: 014

CHURCH OF ST MATTHEWS MILLS MEM HOSP
100 S SAN MATEO DRIVE
SAN MATEO CA 94401
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050302
CROSS-REFERENCE: 052340
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 04
DATE APPROVED: 770810 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 014

WEST CONTRA COSTA DIALYSIS CLIN
14020 SAN PABLO AVE
SAN PABLO CA 94806
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052560
BACKUP HOSPITAL: 050085
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 800425 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 015

SAN PEDRO PENINSULA HOSP
621 BUTTE ST
SAN PEDRO CA 90732
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050078
CROSS-REFERENCE: 052369
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 781030 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 009

WESTERN MEDICAL CENTER
1001 N. TUSTIN AVE.
SANTA ANA CA 92705
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050065
CROSS-REFERENCE: 052309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 13
DATE APPROVED: 770817 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 004

SANTA BARBARA COTTAGE HOSP
320 W PUEBLO ST
SANTA BARBARA CA 93102
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050396
CROSS-REFERENCE: 052346
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA: 10
DATE APPROVED: 770809 MSA: 7480
NUMBER OF DIALYSIS STATIONS: 000

SANTA BARBARA COMM DIALYSIS CENTER
222 PESETAS LANE
SANTA BARBARA CA 93110
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052513
BACKUP HOSPITAL: 050396
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 10
DATE APPROVED: 770810 MSA:
NUMBER OF DIALYSIS STATIONS: 014

SANTA CRUZ COMM DIALYSIS
2128 SOQUEL AVE
SANTA CRUZ CA 95063
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052555
BACKUP HOSPITAL: 050441
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 790126 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 017

SANTA MONICA HOSP MED CTR
1225 15TH STREET
SANTA MONICA CA 90404
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050112
CROSS-REFERENCE: 052318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 771019 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 011

COMMUNITY HEMODIALYSIS UNIT
1127 CHANATE RD
SANTA ROSA CA 95404
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052524
BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 03
DATE APPROVED: 770818 MSA: 7500
NUMBER OF DIALYSIS STATIONS: 012

SOUTH COAST COMM HOSP
31872 COAST HWY
SOUTH LAGUNA CA 92677
INTERMEDIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 050193
CROSS-REFERENCE: 052329
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 13
DATE APPROVED: 770817 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 004

ARTIFICIAL KIDNEY MED CLINIC
2340 N CALIFORNIA ST
STOCKTON CA 95204
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052535
BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 06
DATE APPROVED: ,770812 MSA: 2840
NUMBER OF DIALYSIS STATIONS: 017

VLY PRESBYTERIAN COMMUNITY DIALYSIS CT
16149 HART ST
TARZANA CA 91406
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052504
BACKUP HOSPITAL: 050126
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770831 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 011

LOS ROBLES REGIONAL MEDICAL CENTER
215 WEST JANSS RD
THOUSAND OAKS CA 91360
INTERMEDIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 050549
CROSS-REFERENCE: 052356
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 10
DATE APPROVED: 770811 MSA: 6000
NUMBER OF DIALYSIS STATIONS: 000

CONEJO VALLEY RENAL CENTER
227 W JANSS RD #110
THOUSAND OAKS CA 91360
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052579
BACKUP HOSPITAL: 050549
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 820122 MSA: 6000
NUMBER OF DIALYSIS STATIONS: 016

L A CO HARBOR-UCLA MED CTR
1000 W CARSON ST
TORRANCE CA 90509
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050376
CROSS-REFERENCE: 052345
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770718 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 006

BMA OF LOS ANGELES INC
1123 WEST CARSON ST
TORRANCE CA 90502
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052508
BACKUP HOSPITAL: 050191
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770803 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 022

TORRANCE COMMUNITY HEMODIALYSIS UNIT
3295 SKYPARK DRIVE
TORRANCE CA 90505
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052556
BACKUP HOSPITAL: 050376
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 781227 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 012

BMA OF UKIAH INC
620 S DORA ST - SUITE 101
UKIAH CA 95482
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052548
BACKUP HOSPITAL: 050047
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770725 MSA:
NUMBER OF DIALYSIS STATIONS: 006

EAST BAY DIAL MED CLINICS - UNION CITY
10 UNION SQUARE BLVD - BLDG 3
UNION CITY CA 94587
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052571
BACKUP HOSPITAL: 050195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810520 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 015

DIALYSIS CENTER OF UPLAND
600 N 13TH AVENUE
UPLAND CA 91786
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052552
BACKUP HOSPITAL: 050245
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 09 HSA: 12
DATE APPROVED: 780428 MSA: 6780
NUMBER OF DIALYSIS STATIONS: 022

VALENCIA RENAL CTR
23861 W MCBEAN PARKWAY
VALENCIA CA 91355
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052573
BACKUP HOSPITAL: 050116
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810723 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 006

COMMUNITY DIALYSIS SERV OF VALLEJO
121 HOSPITAL DR
VALLEJO CA 94590
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052567
BACKUP HOSPITAL: 050047
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 800807 MSA: 8720
NUMBER OF DIALYSIS STATIONS: 008

VALLEY PRESBYTERIAN HOSPITAL
1510 VANOWEN ST
VAN NUYS CA 91406
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050126
CROSS-REFERENCE: 052322
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 781201 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 000

VALLEY PRESBYTERIAN HOSPITAL
16149 HART ST
VAN NUYS CA 91405
INTERMEDIARY NO: 51051
RENAL NETWORK = 03
PROVIDER NO: 052554
BACKUP HOSPITAL: 050126
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 781201 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 013

DIALYSIS NETWORK INTERNATIONAL
14624 SHERMAN WAY #106
VAN NUYS CA 91404
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052585
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 830201 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 006

KAWEAH DELTA HEMODIALYSIS FACILITY
320 W MAIN ST
VISALIA CA 93277
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 053506
BACKUP HOSPITAL: 050295
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09 HSA: 09
DATE APPROVED: 770822 MSA: 8780
NUMBER OF DIALYSIS STATIONS: 013

COVINA COMMUNITIES HEMODIALYSIS CTR
1547 W GARVEY AVE
WEST COVINA CA 91791
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052580
BACKUP HOSPITAL: 050386
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 820114 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 009

WHITTIER DIALYSIS CENTER
10155 COLINA RD
WHITTIER CA 90603
INTERMEDIARY NO: 50051
RENAL NETWORK = 04
PROVIDER NO: 053505
BACKUP HOSPITAL: 050069
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770711 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 015

COMM DIALYSIS OF WDDDLAND
520 SCOTTDNWDDD ST
WOODLAND CA 95695
INTERMEDIARY ND: 00040
RENAL NETWDRK = 03
PRDVIDER ND: 052570

APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FDR PRDFIT

HCFA REGION: 09 HSA:
DATE APPRDVED: 801226 MSA: 6920
NUMBER DF DIALYSIS STATIDNS: 006

NEW WEST DIALYSIS CLINIC-YUBA CITY
1007 LIVE DAK BLVD
YUBA CITY CA 95991
INTERMEDIARY ND: 00040
RENAL NETWDRK = 03
PRDVIDER ND: 052563

BACKUP HDSPITAL: 050108
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FOR PRDFIT

HCFA REGIDN: 09 HSA:
DATE APPRDVED: 800804 MSA: 6920
NUMBER DF DIALYSIS STATIDNS: 008

BOULDER METROPDLITAN DIALYSIS
311 MAPLETDN
BOULDER CD 80302
INTERMEDIARY ND: 00050
RENAL NETWDRK = 05
PRDVIDER ND: 062508
BACKUP HDSPITAL: 060015
APPRDVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: DTHER-FOR PRDFIT
HCFA REGIDN: 08 HSA:
DATE APPRDVED: 810223 MSA: 1125
NUMBER DF DIALYSIS STATIDNS: 006

PENROSE HDSPITAL
2215 NDRTH CASCADE
COLORADD SPRINGS CD 80907
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060031
CRDSS-REFERENCE: 062305
APPRDVED AS: INPATIENT CARE DNLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: DTHER-NDT FDR PRDFIT
HCFA REGION: 08 HSA: 02
DATE APPROVED: 770714 MSA: 1720
NUMBER DF DIALYSIS STATIDNS: 000

PIKES PEAK DIALYSIS CTR PC
2120 E LASALLE ST
COLDRADO SPRINGS CD 80909
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062507
BACKUP HDSPITAL: 060031
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: DTHER-FDR PRDFIT
HCFA REGION: 08 HSA:
DATE APPROVED: 791210 MSA: 1720
NUMBER DF DIALYSIS STATIDNS: 015

PRESBYTERIAN MEDICAL CENTER
1719 EAST 19TH AVE
DENVER CD 80218
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER ND: 060005
CRDSS-REFERENCE: 062300
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMDDIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMODIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CORPDRATION-NOT FDR PROFIT
HCFA REGIDN: 08 HSA: 01
DATE APPRDVED: 770714 MSA: 2080
NUMBER DF DIALYSIS STATIDNS: 024

ST ANTHONY HDSPITAL SYS
4231 WEST 16TH AVE
DENVER CD 80204
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060015
APPRDVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-EXCEPTIDN
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 08 HSA: 01
DATE APPROVED: 780616 MSA: 2080
NUMBER DF DIALYSIS STATIDNS: 000

UNIVERSITY DF COLDRADO-ESRD
4200 E NINTH AVE
DENVER CD 80262
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER ND: 060024
CRDSS-REFERENCE: 062303
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: STATE-GOVERNMENT NDN-FEDERAL
HCFA REGIDN: 08 HSA: 01
DATE APPRDVED: 770901 MSA: 2080
NUMBER DF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIDNAL

MERCY MEDICAL CENTER
1619 MILWAUKEE STREET
DENVER CD 80206
INTERMEDIARY NO: 00050
RENAL NETWDRK = 05
PRDVIDER ND: 060026
CRDSS-REFERENCE: 062304
APPRDVED AS: INPATIENT CARE DNLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-EXCEPTIDN
TYPE OF DWNERSHIP: CDRPORATIDN-NOT FDR PRDFIT
HCFA REGIDN: 08 HSA: 01
DATE APPRDVED: 770901 MSA: 2080
NUMBER DF DIALYSIS STATIDNS: 000

ROSE MEDICAL CENTER
4567 E 9TH AVE
DENVER CO 80220
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060032
CROSS-REFERENCE: 062308
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 08 HSA: 01
DATE APPROVED: 770831 MSA: 2080
NUMBER OF DIALYSIS STATIONS: 000

VA HOSP
1055 CLERMONT ST
DENVER CO 80220
INTERMEDIARY NO: 99990
RENAL NETWORK = 05
PROVIDER NO: 06005F
CROSS-REFERENCE: 062306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL
HCFA REGION: 08 HSA: 01
DATE APPROVED: 770831 MSA: 2080
NUMBER OF DIALYSIS STATIONS: 017

PORTER MEMORIAL HOSPITAL
2525 SOUTH DOWNING STREET
DENVER CO 80210
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060064
CROSS-REFERENCE: 062307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 08 HSA: 01
DATE APPROVED: 770719 MSA: 2080
NUMBER OF DIALYSIS STATIONS: 008

ROCKY MOUNTAIN KIDNEY CENTER
4545 EAST 9TH AVE. SUITE 140
DENVER CO 80220
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062501
BACKUP HOSPITAL: 060032
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 08 HSA: 01
DATE APPROVED: 770719 MSA: 2080
NUMBER OF OIALYSIS STATIONS: 023

WESTERN DIALYSIS CTR PC
4200 W CONEJOS PLACE
DENVER CO 80204
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062502
BACKUP HOSPITAL: 060015
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 08 HSA: 01
DATE APPROVEO: 770714 MSA: 2080
NUMBER OF DIALYSIS STATIONS: 018

COMMUNITY OIALYSIS SERVICE OENVER
2401 S DOWNING
DENVER CO 80210
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062509
BACKUP HOSPITAL: 060064
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 08 HSA:
OATE APPROVEO: 810612 MSA: 2080
NUMBER OF OIALYSIS STATIONS: 012

NORTHERN COLORADO KIDNEY CTR
1213 RIVERSIOE
FT COLLINS CO 80524
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062505
BACKUP HOSPITAL: 060024
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 08 HSA:
OATE APPROVEO: 790119 MSA: 2670
NUMBER OF DIALYSIS STATIONS: 008

ST MARYS HOSP C MED CTR
7TH PATTERSON RO
GRAND JUNCTION CO 81501
INTERMEOIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060023

CROSS-REFERENCE: 062302
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08
OATE APPROVEO: 770714
NUMBER OF OIALYSIS STATIONS: 006

HSA: 03
MSA:

ST MARY CORWIN HOSPITAL
1008 MINNEQUA AVENUE
PUEBLO CO 81004
INTERMEOIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060012

CROSS-REFERENCE: 062301
APPROVEO AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08
OATE APPROVEO: 770901
NUMBER OF OIALYSIS STATIONS: 010

HSA: 02
MSA: 6560

SO CT OUT-OF-HDSP DIALYSIS UNIT
562 BOSTON AVE
BRIDGEPORT CT 06606
INTERMEDIARY ND: 00060
RENAL NETWDRK = 27
PROVIDER ND: 072501
BACKUP HDSPITAL: 070022
APPRDVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF DWNERSHIP: CORPDRATION-FDR PRDFIT
HCFA REGION: 01 HSA: 01
DATE APPROVED: 770825 MSA: 1163
NUMBER DF DIALYSIS STATIONS: 015

DANBURY HDSP-ESRD
24 HOSPITAL AVE
DANBURY CT 06810
INTERMEDIARY ND: 00060
RENAL NETWDRK = 27
PROVIDER NO: 070033
CRDSS-REFERENCE: 072308
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPORATION-NDT FDR PROFIT
HCFA REGION: 01 HSA: 05
DATE APPRDVED: 770825 MSA: 1163
NUMBER DF DIALYSIS STATIDNS: 008

ST FRANCIS HOSP
114 WOODLAND ST
HARTFORD CT 06105
INTERMEDIARY NO: 50072
RENAL NETWORK = 27
PROVIDER NO: 070002
CRDSS-REFERENCE: 072301
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF OWNERSHIP: DTHER-NDT FDR PROFIT
HCFA REGION: 01 HSA: 04
DATE APPROVED: 770825 MSA: 3283
NUMBER OF DIALYSIS STATIONS: 015

MT SINAI HOSP
500 BLUE HILLS AVE
HARTFORD CT 06101
INTERMEDIARY NO: 50070
RENAL NETWDRK = 27
PROVIDER NO: 070013
CRDSS-REFERENCE: 072313
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CDNDITIDNAL
TYPE DF OWNERSHIP: DTHER-NDT FDR PROFIT
HCFA REGION: 01 HSA:
DATE APPROVED: 811009 MSA: 3283
NUMBER DF DIALYSIS STATIDNS: 006

HARTFORD HOSP
80 SEYMOUR ST
HARTFORD CT 06106
INTERMEDIARY NO: 51070
RENAL NETWDRK = 27
PROVIDER NO: 070025
CRDSS-REFERENCE: 072307
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMDDIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL TRANSPLANT-UNCDNDITIDNAL
TYPE DF OWNERSHIP: DTHER-NDT FOR PRDFIT
HCFA REGIDN: 01 HSA: 04
DATE APPROVED: 770825 MSA: 3283
NUMBER OF DIALYSIS STATIONS: 020

MIDDLESEX MEM HOSP
28 CRESCENT ST
MIDDLETOWN CT 06457
INTERMEDIARY NO: 00060
RENAL NETWDRK = 27
PROVIDER ND: 070020
CROSS-REFERENCE: 072312
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF OWNERSHIP: CDRPDRATION-NOT FDR PROFIT
HCFA REGION: 01 HSA:
DATE APPROVED: 810731 MSA: 3283
NUMBER DF DIALYSIS STATIDNS: 007

NEW BRITAIN GEN HOSP
100 GRAND ST
NEW BRITAIN CT 06050
INTERMEDIARY ND: 51070
RENAL NETWDRK = 27
PROVIDER NO: 070035
CROSS-REFERENCE: 072310
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: CORPDRATIDN-NDT FOR PROFIT
HCFA REGIDN: 01 HSA: 04
DATE APPRDVED: 770825 MSA: 3283
NUMBER OF DIALYSIS STATIDNS: 010

THE HOSPITAL OF ST RAPHAEL
1450 CHAPEL ST
NEW HAVEN CT 06511
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070001
CROSS-REFERENCE: 072300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01 HSA: 02
DATE APPROVED: 770825 MSA: 5483
NUMBER OF DIALYSIS STATIONS: 012

YALE NEW HAVEN HOSP
789 HOWARD AVE
NEW HAVEN CT 06504
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070022
CROSS-REFERENCE: 072305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 01 HSA: 02
DATE APPROVED: 770831 MSA: 5483
NUMBER OF DIALYSIS STATIONS: 015
TRANSPLANT-UNCONDITIONAL

NORWALK HOSPITAL
MAPLE STREET
NORWALK CT 06856
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070034
CROSS-REFERENCE: 072309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01 HSA: 01
DATE APPROVED: 770825 MSA: 1163
NUMBER OF DIALYSIS STATIONS: 019

WILLIAM W BACKUS HOSP
326 WASHINGTON ST
NORWICH CT 06360
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070024
CROSS-REFERENCE: 072306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01 HSA: 03
DATE APPROVED: 770825 MSA: 5523
NUMBER OF DIALYSIS STATIONS: 006

NE ST REGIONAL DIALYSIS CTR
31 UNION ST
ROCKVILLE CT 06066
INTERMEDIARY NO: 50072
RENAL NETWORK = 27
PROVIDER NO: 070012
CROSS-REFERENCE: 072303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01 HSA: 04
DATE APPROVED: 770825 MSA: 3283
NUMBER OF DIALYSIS STATIONS: 010

CHARLOTTE HUNGERFORD HOSP
540 LITCHFIELD ST
TORRINGTON CT 06790
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070011
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01 HSA: 05
DATE APPROVED: 780717 MSA: 3283
NUMBER OF DIALYSIS STATIONS: 006

WATERBURY HOSP
64 ROBBINS ST
WATERBURY CT 06720
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070005
CROSS-REFERENCE: 072302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01 HSA: 05
DATE APPROVED: 770825 MSA: 5483
NUMBER OF DIALYSIS STATIONS: 008

ST MARYS HOSP
56 FRANKLIN ST
WATERBURY CT 06702
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070016

CROSS-REFERENCE: 072304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01
DATE APPROVED: 770825
NUMBER OF DIALYSIS STATIONS: 007

HSA: 05
MSA: 5483

DOVER DIALYSIS CTR INC
748 S NEW ST
DOVER DE 19901
INTERMEDIARY NO: 00070
RENAL NETWORK = 24
PROVIDER NO: 082502

BACKUP HOSPITAL: 080001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 781223
NUMBER OF DIALYSIS STATIONS: 016

HSA:
MSA: ****

WILMINGTON MEDICAL CTR INC
501 W. 14TH ST.
WILMINGTON DE 19899
INTERMEDIARY NO: 00070
RENAL NETWORK = 24
PROVIDER NO: 080001

CROSS-REFERENCE: 082300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 006

HSA: 01
MSA: 9160

BRANDYWINE DIALYSIS CENTER
2300 PENNSYLVANIA AVENUE
WILMINGTON DE 19806
INTERMEDIARY NO: 00070
RENAL NETWORK = 24
PROVIDER NO: 082501

BACKUP HOSPITAL: 080001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 027

HSA: 24
MSA: 9160

HOWARD UNIVERSITY HOSPITAL
2112 GEORGIA AVE NW
WASHINGTON DC 20020
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 090003
CROSS-REFERENCE: 092301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 022

GEORGETOWN UNIV HOSP
3800 RESERVOIR RD NW
WASHINGTON DC 20007
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 090004
CROSS-REFERENCE: 092302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 012

DISTRICT OF COLUMBIA GEN HOSP
19TH & MASS AVE SE
WASHINGTON DC 20003
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 090007
CROSS-REFERENCE: 092303
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 000

CHILDREN HOSP NATIONAL MED CENTER
111 MICHIGAN AVE. NW
WASHINGTON DC 20010
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 090014
CROSS-REFERENCE: 092305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 006

GEORGE WASHINGTON UNIV HOSP
901 23RD ST NW
WASHINGTON DC 20037
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 090001
CROSS-REFERENCE: 092300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 009

WASHINGTON HOSP CTR
110 IRVING ST NW
WASHINGTON DC 20010
INTERMEDIARY NO: 52280
RENAL NETWORK = 23
PROVIDER NO: 090011
CROSS-REFERENCE: 092304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 008

BIO-MEDICAL APPLICATION OF DC
11 DUPONT CIRCLE SUITE LL 100
WASHINGTON DC 20036
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092501
BACKUP HOSPITAL: 090001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 029

BMA OF CAPITOL HILL
900 M STREET SE
WASHINGTON OC 20003
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092502

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 026

BMA COLUMBIA HEIGHTS
106 IRVING ST NW #221
WASHINGTON OC 20010
INTERMEDIARY NO: 52280
RENAL NETWORK = 23
PROVIDER NO: 092503

BACKUP HOSPITAL: 090011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 020

GREATER S E COMM CTR FOR RENAL DISEASE
1350 SOUTHERN AVE SE
WASHINGTON OC 20032
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092505

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 780113 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 012

BMA TACOMA PARK
247 CARROLL AVE NW
WASHINGTON OC 20012
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092506

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800527 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 005

MID ATLANTIC NEPHROLOGY CLINIC
1302 RHODE ISLAND AVE NE
WASHINGTON OC 20018
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092507

BACKUP HOSPITAL: 210051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 820728 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 012

ANACOSTIA COMMUNITY DIALYSIS CTR
3929 MINNESOTA AVE NE
WASHINGTON OC 20019
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092508

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830627 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 007

BRAOENTON ARTIFICIAL KIONEY CENTER
4110 MANATEE AV W
BRAOENTON FL 33505
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102538
BACKUP HOSPITAL: 100035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800107 MSA: 1140
NUMBER OF OIALYSIS STATIONS: 011

BOCA RATON ARTIFICIAL KIONEY CTR
998 NW 9TH CT
BOCA RATON FL 33432
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102520
BACKUP HOSPITAL: 100168
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
OATE APPROVED: 760901 MSA: 8960
NUMBER OF DIALYSIS STATIONS: 015

BROOKSVILLE ARTIFICIAL KIONEY CENTER
617 LAMAR AVE
BROOKSVILLE FL 33512
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102556
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVED: 830202 MSA: 8280
NUMBER OF OIALYSIS STATIONS: 006

COMMUNITY OIALYSIS SVCS OF CLEARWATER
1290 SOUTH MISSOURI AVENUE
CLEARWATER FL 32516
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102528
BACKUP HOSPITAL: 100127
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVEO: 780630 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 024

CLEARWATER ARTIFICAL KIONEY CENTER
2565 ENTERPRISE RO
CLEARWATER FL 33513
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102542
BACKUP HOSPITAL: 100128
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVED: 800625 MSA: 8280
NUMBER OF OIALYSIS STATIONS: 012

NW BROWNARO ARTIFICAL KIDNEY CENTER
8229 N ATLANTIC BLVO
CORAL SPRINGS FL 33065
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102544
BACKUP HOSPITAL: 100210
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVEO: 801114 MSA: 2680
NUMBER OF OIALYSIS STATIONS: 012

EAST PASCO DIALYSIS CENTER
3415 U.S. HIGHWAY 301 SOUTH
OADE CITY FL 33525
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102561
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVEO: 830304 MSA: 8280
NUMBER OF OIALYSIS STATIONS: 006

CDMMUNITY DIALYSIS SERVICE
575 N CLYDE MDRRIS BLVD
DAYTDNA BEACH FL 32014
INTERMEDIARY ND: 00090
RENAL NETWORK = 19
PRDVIDER ND: 102521

BACKUP HOSPITAL: 100113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CDRPORATIDN-FOR PRDFIT

HCFA REGION: 04 HSA: 05
DATE APPRDVED: 760901 MSA: 2020
NUMBER OF DIALYSIS STATIONS: 021

NDRTH BRDWARD NEPHROLDGY ASSOCIATES
1815 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PRDVIDER NO: 102560

BACKUP HOSPITAL: 100200
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CDRPORATION-FDR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 830301 MSA: 2680
NUMBER DF DIALYSIS STATIONS: 011

IMPERIAL POINT MEDICAL CENTER
6401 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100200

APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GDVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 08
DATE APPROVED: 771215 MSA: 2680
NUMBER OF DIALYSIS STATIONS: 000

FLORIDA MEDICAL CTR HDSP-ESRD
4850 W. DAKLAND PARK BLVD.
FT LAUDERDALE FL 33313
INTERMEDIARY NO: 00090
RENAL NETWDRK = 19
PRDVIDER NO: 100210

CROSS-REFERENCE: 102318
APPRDVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CDRPORATIDN-FOR PRDFIT

HCFA REGIDN: 04 HSA: 08
DATE APPROVED: 830401 MSA: 2680
NUMBER OF DIALYSIS STATIONS: 000

BRDWARD NEPHROLOGY ASSOCIATES
1301 S ANDREWS AVE
FDRT LAUDERDALE FL 33315
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102555

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPDRATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 820901 MSA: 2680
NUMBER DF DIALYSIS STATIONS: 020

FORT MYERS CDMMUNITY HOSP INC
3785 EVANS AVE
FORT MEYERS FL 33901
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PRDVIDER NO: 100220

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPORATIDN-FDR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 781218 MSA: 2700
NUMBER OF DIALYSIS STATIONS: 003

SDUTH FLORIDA ARTIFICIAL KIDNEY CTR
2275 SPANISH CDURT
FT MYERS FL 33901
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PRDVIDER NO: 102513

BACKUP HOSPITAL: 102513
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF DWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 022

FLORIDA KIONEY CENTER
4850 WEST OAKLAND PARK BLVO
LAUOEROALE LAKES FL 33313
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102559
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVEO: 830401 MSA: 2680
NUMBER OF OIALYSIS STATIONS: 021

SHANOS TEACHING HOSP & CLINICS
U OF FLA-1600 ARCHER RO
GAINESVILLE FL 32610
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 100113
CROSS-REFERENCE: 102312
APPROVEO AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 02
OATE APPROVEO: 760901 MSA: 2900
NUMBER OF OIALYSIS STATIONS: 014
TRANSPLANT-UNCONOITIONAL

NORTH FLORIOA KIONEY CENTER
6685 NW 9TH BLVO
GAINESVILLE FL 32601
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102512
BACKUP HOSPITAL: 100082
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVEO: 760901 MSA: 2900
NUMBER OF OIALYSIS STATIONS: 016

HIALEAH HOSP
651 E 25 ST
HIALEAH FL 33013
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 100053
CROSS-REFERENCE: 102308
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 09
OATE APPROVEO: 760901 MSA: 5000
NUMBER OF OIALYSIS STATIONS: 010

OAOE OIALYSIS CENTER
7100 W 28TH AVE
HIALEAH FL 33010
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102530
BACKUP HOSPITAL: 100061
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
OATE APPROVEO: 780601 MSA: 5000
NUMBER OF OIALYSIS STATIONS: 010

MEMORIAL HOSP
3501 JOHNSON ST
HOLLYWOOO FL 33021
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 100038
CROSS-REFERENCE: 102306
APPROVEO AS: INPATIENT CARE ONLY
STAFF-ASSISTEO SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: HOSPITAL OISTRICT/AUTHORITY-GOVERNMENT NON-FEOERAL
HCFA REGION: 04 HSA: 08
OATE APPROVEO: 760901 MSA: 2680
NUMBER OF OIALYSIS STATIONS: 000

NEPHRO SYSTEMS INC
3700 WASHINGTON ST SUITE 102
HOLLYWOOO FL 33021
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102504
BACKUP HOSPITAL: 100038
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 08
OATE APPROVEO: 760901 MSA: 2680
NUMBER OF OIALYSIS STATIONS: 030

THE KIONEY CENTER OF HOLLYWOOO
2655 HOLLYWOOO BLVO
HOLLYWOOO FL 33020
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102508
BACKUP HOSPITAL: 100038
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 08
OATE APPROVEO: 760901 MSA: 2680
NUMBER OF OIALYSIS STATIONS: 020

HOMESTEAO ARTIFICIAL KIONEY CTR
120 NE 8TH ST #6&7
HOMESTEAO FL 33030
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102565
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: OIALYSIS-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVEO: 830808 MSA: 5000
NUMBER OF OIALYSIS STATIONS: 007

UNITED OIALYSIS INC
401 MEDICAL ORIVE
HUOSON FL 33567
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102563
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVEO: 821223 MSA: 8280
NUMBER OF OIALYSIS STATIONS: 007

UNIVERSITY HOSP OF JACKSONVILLE (ESRO)
665 WEST EIGHTH STREET
JACKSONVILLE FL 32209
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 100001
CROSS-REFERENCE: 102300
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: HOSPITAL OISTRICT/AUTHORITY-GOVERNMENT NON-FEOERAL
HCFA REGION: 04 HSA: 03
OATE APPROVEO: 760901 MSA: 3600
NUMBER OF OIALYSIS STATIONS: 034

RIVERSIOE HOSP
2033 RIVERSIOE AVENUE
JACKSONVILLE FL 32204
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 100083
APPROVEO AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTEO SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVEO: 810511 MSA: 3600
NUMBER OF OIALYSIS STATIONS: 001

OIALYSIS CLINIC INC
735 RIVERSIOE AV
JACKSONVILLE FL 32204
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102531
BACKUP HOSPITAL: 100001
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVEO: 781213 MSA: 3600
NUMBER OF OIALYSIS STATIONS: 030

KEY WEST KIONEY CENTER
520 SOUTHARO ST
KEY WEST FL 33046
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102543
BACKUP HOSPITAL: 100195
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVEO: 800714 MSA:
NUMBER OF OIALYSIS STATIONS: 003

BIO MEDICAL APPLICATIONS OF LAKE CITY
559 E FRANKLIN ST
LAKE CITY FL 32055
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102548
BACKUP HOSPITAL: 100082
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810601 MSA:
NUMBER OF DIALYSIS STATIONS: 010

LAKELAND REGIONAL MED CTR
1400 LAKELAND HILLS BLVD
LAKELAND FL 33802
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100157
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA:
DATE APPROVED: 810114 MSA: 3980
NUMBER OF DIALYSIS STATIONS: 005

COMMUNITY DIALYSIS SVCS OF LAKELAND
2445 N 98 HGWY,NORTHSIDE PLAZA
LAKELAND FL 33805
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102524
BACKUP HOSPITAL: 100128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA: 3980
NUMBER OF DIALYSIS STATIONS: 016

S PALM BEACH DIALYSIS CTR
1131 HYPOLUXO RD
LANTANA FL 33462
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102539
BACKUP HOSPITAL: 100080
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800324 MSA: 8960
NUMBER OF DIALYSIS STATIONS: 016

MID-FLORIDA DIALYSIS INC
801 E DIXIE AVE #A-108
LEESBURG FL 32748
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102551
BACKUP HOSPITAL: 100084
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810924 MSA: ****
NUMBER OF DIALYSIS STATIONS: 008

MELBOURNE KIDNEY CENTER
1400 APOLLO BLVD
MELBOURNE FL 32901
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102517
BACKUP HOSPITAL: 100006
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 760901 MSA: 4900
NUMBER OF DIALYSIS STATIONS: 025

BREVARD KIDNEY HYPERTENSION CENTER
375 S COURTNEY PARKWAY
MERRITT ISLAND FL 32952
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102553
BACKUP HOSPITAL: 100007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820204 MSA: 4900
NUMBER OF DIALYSIS STATIONS: 008

MOUNT SINAI MEDICAL CENTER
4300 ALTON RD
MIAMI BEACH FL 33140
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100034
CROSS-REFERENCE: 102305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 006

ST FRANCIS HOSP INC
250 W 63 ST
MIAMI BEACH FL 33141
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100059
CROSS-REFERENCE: 102309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 016

JACKSON MEMORIAL HOSP-
1611 NW 12TH AVE
MIAMI FL 33136
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100022
CROSS-REFERENCE: 102304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 013

MERCY HOSP
3663 S MIAMI AVE
MIAMI FL 33133
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100061
CROSS-REFERENCE: 102310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 010

PARKWAY GENERAL HOSP-
160 NW 170TH ST
MIAMI FL 33169
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100114
CROSS-REFERENCE: 102313
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 000

AMERICAN HOSP
11750 BIRD ROAD
MIAMI FL 33165
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100209
CROSS-REFERENCE: 102317
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 003

S FL ARTIFICAL KID CENTER INC
8925 SW 148TH ST
MIAMI FL 33176
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102502
BACKUP HOSPITAL: 100022
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 015

BMA OF MIAMI INC
1601 NW 8TH AVE
MIAMI FL 33136
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102503
BACKUP HOSPITAL: 100061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 028

BMA OF DADE COUNTY INC
1190 NW 95TH ST #206
MIAMI FL 33150
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102507
BACKUP HOSPITAL: 100034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 019

PERDUE MEDICAL CENTER-ESRD
2001 E RIDGE DR
MIAMI FL 33157
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102516
BACKUP HOSPITAL: 100209
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 009

AMERICAN DIALYSIS CENTER INC
11880 BIRD RD. SUITE 405
MIAMI FL 33175
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102522
BACKUP HOSPITAL: 100209
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 022

INTERAMERICAN DIALYSIS INSTITUTE
2350 SW 84TH AVE
MIAMI FL 33155
INTERMEDIARY NO: 51100
RENAL NETWORK = 19
PROVIDER NO: 102532
BACKUP HOSPITAL: 100061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 781202 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 013

SUNCOAST DIALYSIS
5147 CASTELLO DRIVE
NAPLES FL 33940
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102534
BACKUP HOSPITAL: 100061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 06
DATE APPROVED: 790201 MSA:
NUMBER OF DIALYSIS STATIONS: 014

UNITED DIALYSIS OF NEW RICHEY
2420 S BLVD
NEW PORT RICHEY FL 33552
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102529
BACKUP HOSPITAL: 100128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 780916 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 008

NDRTH BEACH DIALYSIS CENTER
16401 NW 2ND AVE #100
NORTH MIAMI BEACH FL 33169
INTERMEDIARY ND: 00090
RENAL NETWORK = 19
PRDVIDER ND: 102558
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIDNAL
TYPE DF DWNERSHIP: CORPDRATION-FDR PRDFIT
HCFA REGIDN: 04 HSA:
DATE APPRDVED: 830223 MSA: 5000
NUMBER DF DIALYSIS STATIDNS: 010

BMA DF NORTH MIAMI BEACH INC
16800 NW 2ND AVENUE
NDRTH MIAMI FL 33169
INTERMEDIARY ND: 00090
RENAL NETWDRK = 19
PRDVIDER ND: 102509
BACKUP HOSPITAL: 100114
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CDRPDRATIDN-FOR PRDFIT
HCFA REGIDN: 04 HSA: 09
DATE APPRDVED: 760901 MSA: 5000
NUMBER DF DIALYSIS STATIDNS: 016

DCALA REGIDNAL KIDNEY CENTER
221 SW 11TH ST
DCALA FL 32670
INTERMEDIARY NO: 00090
RENAL NETWDRK = 19
PROVIDER ND: 102537
BACKUP HDSPITAL: 100113
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF OWNERSHIP: CDRPDRATIDN-FOR PRDFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790919 MSA: 5790
NUMBER DF DIALYSIS STATIDNS: 018

ORLANDD REGIDNAL MEDICAL CTR INC
1414 S KUHL AVE
DRLANDO FL 32806
INTERMEDIARY ND: 99990
RENAL NETWDRK = 19
PRDVIDER ND: 100006
CRDSS-REFERENCE: 102301
APPRDVED AS: INPATIENT CARE DNLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CDRPORATIDN-NDT FOR PRDFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 760901 MSA: 5960
NUMBER OF DIALYSIS STATIDNS: 000

FLDRIDA HDSP
601 E ROLLINS AVE
DRLANDO FL 32803
INTERMEDIARY ND: 00090
RENAL NETWDRK = 19
PRDVIDER ND: 100007
CROSS-REFERENCE: 102302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF OWNERSHIP: CDRPDRATIDN-NDT FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPRDVED: 760901 MSA: 5960
NUMBER OF DIALYSIS STATIONS: 007
TRANSPLANT-UNCDNDITIDNAL

CENTRAL FLDRIDA KIDNEY CENTER INC
105 BDNNIE LDCH COURT
DRLANDD FL 32806
INTERMEDIARY ND: 99990
RENAL NETWDRK = 19
PRDVIDER NO: 102505
BACKUP HDSPITAL: 100006
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FOR PRDFIT
HCFA REGIDN: 04 HSA: 05
DATE APPRDVED: 760901 MSA: 5960
NUMBER DF DIALYSIS STATIONS: 020

DRLANDO ARTIFICAL KIDNEY CTR
3100 CLAY AVE SUITE 151
ORLANDD FL 32804
INTERMEDIARY ND: 00090
RENAL NETWDRK = 19
PROVIDER ND: 102511
BACKUP HOSPITAL: 100007
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FDR PRDFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 760901 MSA: 5960
NUMBER DF DIALYSIS STATIDNS: 026

PALMETTO ARTIFICIAL KIDNEY CTR
905 9TH AVE EAST
PALMETTO FL 33561
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102562
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIDNAL
TYPE OF OWNERSHIP: CORPORATION-FDR PRDFIT
HCFA REGIDN: 04 HSA:
DATE APPRDVED: 830103 MSA: 3600
NUMBER DF DIALYSIS STATIDNS: 007

PANAMA CITY ARTIFICIAL KIDNEY CENTER
615 N BDNITA AVE
PANAMA CITY FL 32401
INTERMEDIARY NO: 00090
RENAL NETWDRK = 19
PROVIDER ND: 102514
BACKUP HDSPITAL: 100113
APPROVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF DWNERSHIP: CORPDRATIDN-NOT FDR PRDFIT
HCFA REGIDN: 04 HSA: 01
DATE APPRDVED: 760901 MSA: 6015
NUMBER DF DIALYSIS STATIDNS: 016

BAPTIST HOSP
1000 WEST MDRENO STREET
PENSACOLA FL 32501
INTERMEDIARY NO: 00090
RENAL NETWDRK = 19
PROVIDER NO: 100093
APPROVED AS: INPATIENT CARE DNLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CORPORATICN-NOT FDR PROFIT
HCFA REGIDN: 04 HSA:
DATE APPRDVED: 810714 MSA: 6080
NUMBER DF DIALYSIS STATIDNS: 000

WEST FLORIDA HOSP
8383 N DAVIS HIGHWAY
PENSACOLA FL 32504
INTERMEDIARY NO: 52280
RENAL NETWORK = 19
PROVIDER NO: 100231
CROSS-REFERENCE: 102319
APPROVED AS: INPATIENT CARE DNLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FDR PROFIT
HCFA REGIDN: 04 HSA: 01
DATE APPROVED: 760901 MSA: 6080
NUMBER OF DIALYSIS STATIONS: 000

NW FLORIDA ARTIFICIAL KIDNEY CTR
1717 NORTH E ST #506
PENSACOLA FL 32501
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102501
BACKUP HDSPITAL: 100093
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF DWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGIDN: 04 HSA: 01
DATE APPRDVED: 760901 MSA: 6080
NUMBER DF DIALYSIS STATIONS: 011

MEDICAL CTR CLINIC DIALYSIS CTR
8333 N DAVIS HWY
PENSACOLA FL 32504
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102518
BACKUP HOSPITAL: 100231
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGIDN: 04 HSA: 01
DATE APPRDVED: 760901 MSA: 6080
NUMBER DF DIALYSIS STATIONS: 010

CDMMUNITY DIALYSIS SER OF PLANT CITY
121 PROSSER DRIVE
PLANT CITY FL 33566
INTERMEDIARY ND: 00090
RENAL NETWDRK = 19
PRDVIDER ND: 102554
APPROVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CDRPORATIDN-FOR PRDFIT
HCFA REGIDN: 04 HSA:
DATE APPROVED: 820402 MSA: 8280
NUMBER OF DIALYSIS STATIDNS: 008

BROWARO CHRONIC HEMOOIALYSIS INC
4101 NW 4TH ST
PLANTATION FL 33317
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102536
BACKUP HOSPITAL: 100039
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04
OATE APPROVED: 800110
NUMBER OF DIALYSIS STATIONS: 020
HSA:
MSA: 2680

PORT CHARLOTTE ARTIFICIAL KIONEY CTR
602 NW HARBOR BLVO
PORT CHARLOTTE FL 33952
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102549
BACKUP HOSPITAL: 100236
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
OATE APPROVED: 810803
NUMBER OF DIALYSIS STATIONS: 008
HSA:
MSA:

ALL CHILOREN'S HOSPITAL (ESRO)
801 SIXTH ST SOUTH
ST PETERSBURG FL 33701
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100250
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 820927
NUMBER OF DIALYSIS STATIONS: 001
HSA:
MSA: 8280

BIO MEO APPLICATIONS OF ST PETERSBURG
8601 4TH ST NORTH #110
ST PETERSBURG FL 33702
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102519
BACKUP HOSPITAL: 100128
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF OIALYSIS STATIONS: 020
HSA: 04
MSA: 8280

BMA OF SANFORD INC
210 COMMERICAL ST
SANFORD FL 32771
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102546
BACKUP HOSPITAL: 100007
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04
DATE APPROVEO: 801215
NUMBER OF DIALYSIS STATIONS: 009
HSA:
MSA: 5960

MEMORIAL HOSP
1901 ARLINGTON ST
SARASOTA FL 33579
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 100087
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL OISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04
DATE APPROVED: 810306
NUMBER OF DIALYSIS STATIONS: 001
HSA:
MSA: 7510

SARASOTA ARTIFICIAL KIONEY CENTER
1428 S TAMIAMI TRAIL
SARASOTA FL 33579
INTERMEOIARY NO: 00090
RENAL NETWORK = 19
PROVIOER NO: 102515
BACKUP HOSPITAL: 100128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 020
HSA: 06
MSA: 7510

HIGHLANDS ARTIFICIAL KIDNEY CENTER
10 MEDICAL CENTER
SEBRING FL 33870
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102564
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830601 MSA:
NUMBER OF DIALYSIS STATIONS: 007

ST AUGUSTINE DIALYSIS CENTER
11 TREMERTON ST #2
ST AUGUSTINE FL 32084
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102557
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 821220 MSA: 3600
NUMBER OF DIALYSIS STATIONS: 008

SOUTH ST PETERSBURG ART KID CENTER
1027 5TH AVE N
ST PETERSBURG FL 33705
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102547
BACKUP HOSPITAL: 100067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 801001 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 010

INDIAN RIVER ARTIFICAL KIDNEY CENTER
1851 COLORADO AVE
STUART FL 33495
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102525
BACKUP HOSPITAL: 100044
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 2710
NUMBER OF DIALYSIS STATIONS: 011

TALLAHASSEE MEMORIAL REG MEDICAL CTR
1221 HODGES DRIVE
TALLAHASSEE FL 32303
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100135
CROSS-REFERENCE: 102315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 8240
NUMBER OF DIALYSIS STATIONS: 016

TAMPA GENERAL HOSP
2 COLUBMIA DR
TAMPA FL 33606
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100128
CROSS-REFERENCE: 102314
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 026
TRANSPLANT-UNCONDITIONAL

BIO MEDICAL APPLICATIONS OF TAMPA
402 SOUTH BOULEVARD
TAMPA FL 33606
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102506
BACKUP HOSPITAL: 100128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 025

COMMUNITY DIALYSIS SVCS OF TAMPA
13801 N 30TH ST #201
TAMPA FL 33612
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102523
BACKUP HOSPITAL: 100128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 020

BMA OF TARPON SPRINGS INC.
516 SOUTH HUEY AVE
TARPON SPRINGS FL 33589
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102552
BACKUP HOSPITAL: 100127
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 811104 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 006

COMMUNITY DIALYSIS SVCS OF VENICE
530 S NOKOMIS AVE SUITE 200
VENICE FL 33595
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102535
BACKUP HOSPITAL: 100070
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790228 MSA: 7510
NUMBER OF DIALYSIS STATIONS: 010

VERO BEACH ARTIFICIAL KIDNEY CENTER
1849 25TH ST
VERO BEACH FL 32960
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102550
BACKUP HOSPITAL: 100010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810727 MSA:
NUMBER OF DIALYSIS STATIONS: 006

ST MARYS HOSP
901 45TH STREET
WEST PALM BEACH FL 33407
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100010
CROSS-REFERENCE: 102303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 8960
NUMBER OF DIALYSIS STATIONS: 015

PALM BEACH MEDICAL GROUP
705 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33402
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102510
BACKUP HOSPITAL: 100176
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 8960
NUMBER OF DIALYSIS STATIONS: 015

PALM BEACH GARDENS ARTIFICAL KID CTR
3370 BURNS RD #206
PALM BEACH GARDENSFL 33410
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102527
BACKUP HOSPITAL: 100114
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 780801 MSA: 8960
NUMBER OF DIALYSIS STATIONS: 010

KIDNEY CARE OF FL INC
1624 6TH ST NW
WINTER HAVEN FL 33880
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102545

BACKUP HOSPITAL: 100157
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 810128
NUMBER OF DIALYSIS STATIONS: 010

HSA: 06
MSA: 3980

AUGUSTA DIALYSIS CENTER
1109 MEDICAL CTR DR #6A
AUGUSTA GA 30909
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112501
BACKUP HOSPITAL: 110034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 0600
NUMBER OF DIALYSIS STATIONS: 019

DIALYSIS CLINIC INC
507 THIRD AV
ALBANY GA 31701
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112509
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA: 0120
NUMBER OF DIALYSIS STATIONS: 025

AMERICUS DIALYSIS FACILITY
1516 S LEE ST
AMERICUS GA 31709
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112528
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830224 MSA:
NUMBER OF DIALYSIS STATIONS: 006

ATHENS DIALYSIS FACILITY INC
2047 PRINCE AVE # A
ATHENS GA 30610
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112513
BACKUP HOSPITAL: 110034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 770718 MSA: 0500
NUMBER OF DIALYSIS STATIONS: 025

EMORY UNIVERSITY HOSP-
1364 CLIFTON RD NE
ATLANTA GA 30322
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 110010
CROSS-REFERENCE: 112300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 009

ATLANTA REGIONAL NEPHROLOGY CTR
80 BUTLER ST SE
ATLANTA GA 30303
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 110079
CROSS-REFERENCE: 112307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 012

PIEDMONT HOSP
105 COLLIER RD
ATLANTA GA 30309
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 110083
CROSS-REFERENCE: 112308
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 013

HENRIETTA EGLESTON HOSP FOR CHILDREN
1405 CLIFTON RD NE
ATLANTA GA 30322
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 110196
CROSS-REFERENCE: 112313
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 810101 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 000

NORTHSIDE DIALYSIS CENTER
933 JOHNSON FERRY RD BLDG D#130
ATLANTA GA 30342
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112502
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 024

DIALYSIS CLINIC
120 PIEDMONT AVE.
ATLANTA GA 30303
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112503
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 040

SOUTHERN STATES NEPHROLOGY CENTER
1595 PHOENIX BLVD #1
ATLANTA GA 30349
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112504
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 018

DIALYSIS CLINIC INC
549 PEACHTREE ST NE
ATLANTA GA 30308
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112512
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 770606 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 020

DIALYSIS CLINIC INC
820 W PEACHTREE NW
ATLANTA GA 30308
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112522
BACKUP HOSPITAL: 110078
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810706 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 020

SW ATLANTA DIALYSIS CTR INC.
3620 MARTIN L KING DR SW
ATLANTA GA 30331
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112523
BACKUP HOSPITAL: 110080
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810624 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 014

EUGENE TALMADGE MEM HOSP
1120 15TH ST
AUGUSTA GA 30912
INTERMEDIARY NO: 99990
RENAL NETWORK = 20
PROVIDER NO: 110034
CROSS-REFERENCE: 112303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 0600
NUMBER OF DIALYSIS STATIONS: 014

WILLETTE WALLACE DIALYSIS CENTER
1402 WALTON WAY
AUGUSTA GA 30901
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112521
BACKUP HOSPITAL: 110177
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810218 MSA: 0600
NUMBER OF DIALYSIS STATIONS: 008

GLYNN BRUNSWICK DIALYSIS FACILITY
3303 HOPKINS AVE
BRUNWICK GA 31520
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112514
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 770714 MSA:
NUMBER OF DIALYSIS STATIONS: 011

SOUTHERN STATES NEPHROLOGY INC EASTMAN
GRIFFIN ST
EASTMAN GA 31023
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112519
BACKUP HOSPITAL: 110083
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 801019 MSA:
NUMBER OF DIALYSIS STATIONS: 009

SOUTHERN DIALYSIS CEN OF CARROLLTON
215 ALABAMA STREET
CARROLLTON GA 30117
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112520
BACKUP HOSPITAL: 110011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810105 MSA:
NUMBER OF DIALYSIS STATIONS: 005

THE MEDICAL CTR
710 CENTER ST
COLUMBUS GA 31902
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110064
CROSS-REFERENCE: 112305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 05
DATE APPROVED: 760901 MSA: 1800
NUMBER OF DIALYSIS STATIONS: 026

DIALYSIS CLINIC INC
710 FRONT AVE
COLUMBUS GA 31904
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112530
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP:
HCFA REGION: 04 HSA:
DATE APPROVED: 830817 MSA: 1800
NUMBER OF DIALYSIS STATIONS: 010

DALTON DIALYSIS CLINIC
1401 BURLEYSON DRIVE
DALTON GA 30720
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112524
BACKUP HOSPITAL: 110054
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820111 MSA:
NUMBER OF DIALYSIS STATIONS: 006

DEKALB GWIN NEPHROLOGY REFERRAL CENTER
497 WINN WAY SUITE 210
DECATUR GA 30030
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112511
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 770901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 019

DOUGLAS DIALYSIS FACILITY INC
6126 H PRESTLEY MILL RD
DOUGLASVILLE GA 30134
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112526
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 821004 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 006

NORTHEAST GEORGIA MEDICAL CENTER
743 SPRING ST
GAINESVILLE GA 30501
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110029
CROSS-REFERENCE: 112302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 008

GRIFFIN DIALYSIS FACILITY INC
533 W TAYLOR ST
GRIFFIN GA 30223
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112529
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830317 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 006

CLAYTON DIALYSIS CENTER
118 STOCKBRIDGE RD
JONESBORO GA 30236
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112517
BACKUP HOSPITAL: 110901
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790409 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 014

WEST GEORGIA MEDICAL CENTER INC
1514 VERNON RD BOX 1567
LA GRANGE GA 30240
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110016
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA:
DATE APPROVED: 790910 MSA:
NUMBER OF DIALYSIS STATIONS: 012

CENTRAL GA DIALYSIS CENTER INC
770 PINE ST, SUITE 200
MACON GA 31201
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112506
BACKUP HOSPITAL: 110034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 760901 MSA: 4680
NUMBER OF DIALYSIS STATIONS: 041

MACON DIALYSIS FACILITY INC.
#1 BACONSFIELD OFFICE PARK
MACON GA 31211
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112516
BACKUP HOSPITAL: 110034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 781102 MSA: 4680
NUMBER OF DIALYSIS STATIONS: 020

CDBB DIALYSIS FACILITY
833 CAMPBELL HILL ST #340
MARIETTA GA 30060
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112510
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 019

CANDLER CO HOSP
CEDAR RD P.O. BOX 597
METTAR GA 30439
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110096
CROSS-REFERENCE: 112309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 013

COMMUNITY DIALYSIS SERVICE OF NW GA
325-329 W. NINTH ST
ROME GA 30161
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112505
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 020

MEMORIAL MEDICAL CENTER
4700 WATERS AVE
SAVANNAH GA 31404
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110036
CROSS-REFERENCE: 112304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 7520
NUMBER OF DIALYSIS STATIONS: 010

COASTAL DIALYSIS MED CLINIC
1460 EAST VICTORY DRIVE
SAVANNAH GA 31404
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112507
BACKUP HOSPITAL: 110036
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 7520
NUMBER OF DIALYSIS STATIONS: 026

SW GEORGIA DIALYSIS FACILITY
942 S BROAD ST
THOMASVILLE GA 31792
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110038
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA: 06
DATE APPROVED: 800714 MSA:
NUMBER OF DIALYSIS STATIONS: 006

KIDNEY DIALYSIS FACILITY OF TIFTON
1617 JOHN ORR DRIVE
TIFTON TIFT GA 31794
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112525
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820830 MSA:
NUMBER OF DIALYSIS STATIONS: 009

COMMUNITY DIALYSIS SVCS OF SW GA
2704 N OAK ST BLDG H
VALDOSTA GA 31601
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112515
BACKUP HOSPITAL: 100113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 770929 MSA:
NUMBER OF DIALYSIS STATIONS: 020

WARNER ROBINS DIALYSIS FACILITY
128 HOSPITAL DR
WARNER ROBINS GA 31098
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112531
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP:
HCFA REGION: 04 HSA:
DATE APPROVED: 830718 MSA: 4680
NUMBER OF DIALYSIS STATIONS: 002

WASHINGTON DIALYSIS FACILITY
121 C GARDEN ST
WASHINGTON GA 30673
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112527
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 831026 MSA:
NUMBER OF DIALYSIS STATIONS: 006

DIALYSIS FACILITIES INC
415 ALBANY AV
WAYCROSS GA 31501
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112518
BACKUP HOSPITAL: 100113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790905 MSA:
NUMBER OF DIALYSIS STATIONS: 010

HILO HEMODIALYSIS SATELLITE
140 RAINBOW DR
HILO HI 96720
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 123500
BACKUP HOSPITAL: 120010
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770814 MSA:
NUMBER OF DIALYSIS STATIONS: 010

KUAKINI KIDNEY DISEASE CTR
347 N KUAKINI ST
HONOLULU HI 96817
INTERMEDIARY NO: 17121
RENAL NETWORK = 01
PROVIDER NO: 122501
BACKUP HOSPITAL: 120007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 04
DATE APPROVED: 830801 MSA: 3320
NUMBER OF DIALYSIS STATIONS: 026

KUAKINI MEDICAL CENTER (ESRD)
347 N KUAKINI STREET
HONOLULU HI 96817
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 120007
CROSS-REFERENCE: 122300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770901 MSA: 3320
NUMBER OF DIALYSIS STATIONS: 002

ST FRANCIS HOSPITAL
2230 LILIHA ST.
HONOLULU HI 96817
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 120010
CROSS-REFERENCE: 122301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770826 MSA: 3320
NUMBER OF DIALYSIS STATIONS: 030
TRANSPLANT-UNCONDITIONAL

KAUAI HEMODIALYSIS SATELLITE
4438 KUENE ST #22
LIHUE HI 96766
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 123502
BACKUP HOSPITAL: 120010
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770813 MSA:
NUMBER OF DIALYSIS STATIONS: 005

MAUI HEMODIALYSIS SATELLITE
255 MAHALANI ST
MAUI HI 96793
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 123501
BACKUP HOSPITAL: 120010
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770815 MSA:
NUMBER OF DIALYSIS STATIONS: 005

LEEWARD SATELLITE FACILITY
94-223 LEOKU ST
WAIPAHO HI 96797
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 123503
BACKUP HOSPITAL: 120010
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770831 MSA: 3320
NUMBER OF DIALYSIS STATIONS: 010

ST ALPHONSUS REGIONAL MED CTR
1055 NORTH CURTIS ROAD
BOISE ID 83704
INTERMEDIARY NO: 00110
RENAL NETWORK = 02
PROVIDER NO: 130007

CROSS-REFERENCE: 132301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 1080
NUMBER OF DIALYSIS STATIONS: 006

IDAHO FALLS CONSOLIDATED HOSP.
2525 SOUTH BOULEVARD
IDAHO FALLS ID 83401
INTERMEDIARY NO: 00110
RENAL NETWORK = 02
PROVIDER NO: 130018

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 004

AURDRA KIDNEY CENTER
516 SDUTH LINCOLN AVENUE
AURDRA IL 60505
INTERMEDIARY ND: 00121
RENAL NETWDRK = 15
PRDVIDER ND: 142515
BACKUP HOSPITAL: 140029
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CDRPDRATIDN-FOR PROFIT
HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 0620
NUMBER OF DIALYSIS STATIDNS: 010

ST ELIZABETH HOSPITAL
211 SDUTH 3RD STREET
BELLEVILLE IL 62221
INTERMEDIARY NO: 00121
RENAL NETWDRK = 09
PRDVIDER ND: 140187
CROSS-REFERENCE: 142320
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF OWNERSHIP: DTHER-NOT FOR PRDFIT
HCFA REGION: 05 HSA: 11
DATE APPRDVED: 820920 MSA: 2285
NUMBER OF DIALYSIS STATIONS: 000

RENAL CARE OF ILLINOIS
5105 W MAIN ST
BELLEVILLE IL 62223
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 142527
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMDDIALYSIS
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CDRPDRATIDN-FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 820908 MSA: 2285
NUMBER OF DIALYSIS STATIONS: 016

BIO MEDICAL APPLICATIONS
WESTOWNMALL
CARBONDALE IL 62901
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PRDVIDER NO: 142514
BACKUP HOSPITAL: 140148
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPORATIDN-FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 012

CDDK COUNTY HDSPITAL
1835 W HARRISDN ST
CHICAGD IL 60612
INTERMEDIARY NO: 00121
RENAL NETWDRK = 15
PRDVIDER ND: 140124
CRDSS-REFERENCE: 142313
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CDUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER DF DIALYSIS STATIDNS: 012

DIALYSIS CENTER LTD
4800 N KILPATRICK AVE
CHICAGD IL 60630
INTERMEDIARY ND: 00121
RENAL NETWDRK = 15
PRDVIDER ND: 142501
BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CDRPDRATION-FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 022

JACKSDN PARK DIALYSIS UNIT
7531 SDUTH STDNEY ISLAND
CHICAGD IL 60637
INTERMEDIARY ND: 00121
RENAL NETWDRK = 15
PRDVIDER ND: 142516
BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF OWNERSHIP: CORPDRATION-FDR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIDNS: 020

MT SINAI HOSP MEDICAL CENTER
2755 W 15TH ST
CHICAGO IL 60608
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140018
CROSS-REFERENCE: 142302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 009

MICHAEL REESE HOSP MEDICAL CENTER
26TH ST & ELLIS AVE
CHICAGO IL 60616
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140075
CROSS-REFERENCE: 142307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 020

EDGEWATER HOSPITAL
5700 N ASHLAND AVENUE
CHICAGO IL 60660
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140087
CROSS-REFERENCE: 142309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 008

UNIVERSITY OF CHICAGO HOSP AND CLINIC
950 E 59TH STREET
CHICAGO IL 60637
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140088
CROSS-REFERENCE: 142310
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 016
TRANSPLANT-UNCONDITIONAL

RUSH-PRESBYTERIAN-ST LUKES MED CTR
1753 WEST CONGRESS PARKWAY
CHICAGO IL 60612
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140119
CROSS-REFERENCE: 142312
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 010
TRANSPLANT-CONDITIONAL

UNIVERSITY OF ILLINOIS HOSPITAL
840 S WOOD ST
CHICAGO IL 60612
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140150
CROSS-REFERENCE: 142316
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 010
TRANSPLANT-UNCONDITIONAL

CHICAGO CENTER HOSPITAL
426 WEST WISCONSIN
CHICAGO IL 60614
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140153
CROSS-REFERENCE: 142317
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 821101 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

CHICAGO OSTEDPATHIC MEDICAL CTR
5200 S ELLIS AVENUE
CHICAGO IL 60615
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140172
CROSS-REFERENCE: 142319
APPRDVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 820922 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

ST JOSEPHS HOSP
2900 NORTH LAKE SHORE DRIVE
CHICAGO IL 60657
INTERMEDIARY NO: 00121
RENAL NETWDRK = 15
PROVIDER NO: 140224
CROSS-REFERENCE: 142326
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 831104 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

NORTHWESTERN MEMORIAL HOSPITAL
303 E. SUPERIOR ST
CHICAGO IL 60611
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140281
CROSS-REFERENCE: 142330
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 025
TRANSPLANT-UNCONDITIONAL

CHILDRENS MEMDRIAL HDSPITAL
2300 CHILDRENS PLAZA
CHICAGO IL 60614
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140283
CRDSS-REFERENCE: 142331
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE DF DWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 004
TRANSPLANT-CONDITIONAL

DIALYSIS CENTER LTD
56 E SUPERIOR ST
CHICAGO IL 60611
INTERMEDIARY NO: 00121
RENAL NETWDRK = 15
PROVIDER NO: 142502
BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMDDIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: CORPDRATION-FOR PRDFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 043

NORTH CENTRAL DIALYSIS CENTERS SC
55 EAST WASHINGTDN 11TH FLOOR
CHICAGO IL 60602
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142505
BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMODIALYSIS, PERITDNEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPRDVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 028

CHICAGD KIDNEY CTR
640 W. WASHINGTON
CHICAGO IL 60606
INTERMEDIARY NO: 00121
RENAL NETWDRK = 15
PROVIDER ND: 142506
BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMDDIALYSIS, PERITONEAL
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF DWNERSHIP: CDRPDRATIDN-FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER DF DIALYSIS STATIDNS: 034

SOUTH SIDE DIALYSIS UNIT
7721 S WESTERN
CHICAGO IL 60620
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142508
BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 028

DIALYSIS CENTERS LTD SOUTH
9212 S. CHICAGO AVE.
CHICAGO IL 60617
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142519
BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 781015 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 031

NORTH CENTRAL DIALYSIS
2277 W HOWARD
CHICAGO IL 62640
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142522
BACKUP HOSPITAL: 140088
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 791221 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 016

BELMONT DIALYSIS CENTER
4848 WEST BELMONT
CHICAGO IL 60641
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142523
BACKUP HOSPITAL: 140010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 791203 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 010

DIALYSIS CENTERS LTD-SW
3500 S EMERALD AVE
CHICAGO IL 60609
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142524
BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 800901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 020

LINCOLN PARK NEPHROLOGY ASSOC.
426 WISCONSIN
CHICAGO IL 60614
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142528
BACKUP HOSPITAL: 140153
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 821101 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 008

HYDE PARK KIDNEY CTR
5307 S BLACKSTONE AVE
CHICAGO IL 60615
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142529
BACKUP HOSPITAL: 140172
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 820922 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 014

DIALYSIS CENTERS, LTD.NE
2800 N. SHERIDAN RD
CHICAGO IL 60657
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142531
BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 831104
NUMBER OF DIALYSIS STATIONS: 013
HSA: 06
MSA: 1600

CRYSTAL LAKE AMBUTAL
4900 NORTH ROUTE 31
CRYSTAL LAKE IL 60014
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 143509
BACKUP HOSPITAL: 140030
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 810126
NUMBER OF DIALYSIS STATIONS: 004
HSA: 04
MSA: 1600

LAKEVIEW MEDICAL CENTER
812 NORTH LOGAN AVE
DANVILLE IL 61832
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140219
CROSS-REFERENCE: 142325
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 011
HSA: 04
MSA:

DECATUR LIMITED CARE FACILITY
2300 NORTH EDWARDS
DECATUR IL 62526
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 143506
BACKUP HOSPITAL: 140148
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 008
HSA: 03
MSA: 7880

KATHERINE SHAW BETHEA DIALYSIS UNIT
7303 E FIRST ST
DIXON IL 61021
INTERMEDIARY NO: 51140
RENAL NETWORK = 15
PROVIDER NO: 143508
BACKUP HOSPITAL: 140239
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 781002
NUMBER OF DIALYSIS STATIONS: 004
HSA: 01
MSA: ****

SHERMAN HOSPITAL DIALYSIS CENTER
934 CENTER STREET
ELGIN IL 60120
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140030
CROSS-REFERENCE: 142303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 006
HSA: 08
MSA: 0620

ALEXIAN BROTHERS KIDNEY CTR
800 BIESTERFIELD RD
ELK RO VILLAGE IL 60007
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142507
BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 006
HSA: 07
MSA: 1600

ELMHURST MEMORIAL HOSPITAL
200 BERTEAU AVE
ELMHURST IL 60126
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140200
CROSS-REFERENCE: 142322
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 019

EVANSTON HOSPITAL
2650 RIDGE AVE
EVANSTON IL 60201
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140010
CROSS-REFERENCE: 142300
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

BIO-MEDICAL APPLICATIONS OF EVANSTON
1601 SHERMAN AVE
EVANSTON IL 60201
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PRDVIDER NO: 142511
BACKUP HOSPITAL: 140010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 016

NORTH CENTRAL DIALYSIS CENTERS
9730 S WESTERN AVE #442
EVERGREEN PARK IL 60642
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142518
BACKUP HOSPITAL: 140208
APPROVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CDRPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 780601 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 024

GALESBURG COTTAGE HDSPITAL
695 N KELLDGG ST
GALESBURG IL 61401
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PRDVIDER NO: 140040
CROSS-REFERENCE: 142304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 007

INGALLS MEMORIAL HOSPITAL
ONE INGALLS DRIVE
HARVEY IL 60426
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PRDVIDER NO: 140191
CROSS-REFERENCE: 142321
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: DTHER-NDT FDR PRDFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIDNS: 017

HIGLAND PARK HOSPITAL
781 GLENVIEW AVENUE
HIGHLAND PARK IL 60035
INTERMEDIARY ND: 00121
RENAL NETWORK = 15
PROVIDER NO: 140108
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-CONDITIDNAL
TYPE DF DWNERSHIP: OTHER-NOT FDR PRDFIT
HCFA REGION: 05 HSA: 08
DATE APPRDVED: 801105 MSA: 3965
NUMBER OF DIALYSIS STATIONS: 006

JACKSONVILLE LIMITED CARE FACILITY
446 E STATE ST
JACKSONVILLE IL 62656
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 143505

BACKUP HOSPITAL: 140148
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 7880
NUMBER OF DIALYSIS STATIONS: 008

SILVER CROSS HOSP
1200 MAPLE RD
JOLIET IL 60432
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140213

CROSS-REFERENCE: 142324
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 3690
NUMBER OF DIALYSIS STATIONS: 014

ST MARYS HOSP
500 W COURT ST
KANKAKEE IL 60901
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140155

CROSS-REFERENCE: 142318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 3740
NUMBER OF DIALYSIS STATIONS: 014

LOMBARD KIDNEY CENTER
220 S MAIN ST
LOMBARD IL 60148
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142503

BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 008

LOYOLA UNIV MEDICAL CENTER
2160 S 1ST ST
MAYWOOD IL 60153
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140276

CROSS-REFERENCE: 142329
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 016
TRANSPLANT-UNCONDITIONAL

MOLINE PUBLIC HOSPITAL
635 10TH AVE
MOLINE IL 61265
INTERMEDIARY NO: 00121
RENAL NETWORK = 08
PROVIDER NO: 140204

APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 811019 MSA: 1960
NUMBER OF DIALYSIS STATIONS: 000

QUAD CITIES RENAL CENTER
550 30TH AVE
MOLINE IL 61265
INTERMEDIARY NO: 00121
RENAL NETWORK = 08
PROVIDER NO: 142526

BACKUP HOSPITAL: 140204
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 810803 MSA: 1960
NUMBER OF DIALYSIS STATIONS: 011

NILES DAY JOHN SPRINGMAN SATEL UNIT
7332 MILWAUKEE AVE.
NILES IL 60648
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142500
BACKUP HOSPITAL: 140010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 016

BROKAW HOSPITAL ESRD UNIT
VIRGINIA AT FRANKLIN
NORMAL IL 61761
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 143510
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 04
DATE APPROVED: 810601 MSA: 1040
NUMBER OF DIALYSIS STATIONS: 006

DIALYSIS CENTERS LTD
4701 N CUMBERLAND
NORRIDGE IL 60656
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142521
BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 791017 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 006

CHRIST HOSPITAL
4440 W 95TH STREET
OAK LAWN IL 60453
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140208
CROSS-REFERENCE: 142323
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

WEST SUBURBAN HOSPITAL MEDICAL CENTER
ERIE AT AUSTIN BOULEVARD
OAK PARK IL 60302
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140049
CROSS-REFERENCE: 142305
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 830201 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

OAK PARK COMMUNITY DIALYSIS CTR.
733 W MADISON ST
OAK PARK IL 60304
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142504
BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 020

CENTRAL DUPAGE HOSP KIDNEY CTR
025 N. WINFIELD
WINFIELD IL 60190
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142509
BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 012

DUPAGE DIALYSIS LTD
440 E OGDEN AVE
HINSDALE IL 60521
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142520
BACKUP HOSPITAL: 140200
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 790518 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 009

WEST SUBURBAN HOSP DIALYSIS UNIT
518 N AUSTIN BLVD
OAK PARK IL 60302
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142530
BACKUP HOSPITAL: 140119
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 830201 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 010

SOUTH SUBURBAN KIDNEY UNIT
2601 W LINCOLN HIGHWAY
OLYMPIC FIELDS IL 60641
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142517
BACKUP HOSPITAL: 140191
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 780406 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 022

NORTHWEST SUBURBAN NEPHROLOGY CENTER
600 NORTHCOURT ST
PALATINE IL 60057
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142512
BACKUP HOSPITAL: 140010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 012

ST FRANCIS MEDICAL CENTER
530 NE GLEN OAK AVE
PEORIA IL 61637
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140067
CROSS-REFERENCE: 142306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 6120
NUMBER OF DIALYSIS STATIONS: 027

BLESSING HOSP
1005 BROADWAY
QUINCY IL 62301
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140015
CROSS-REFERENCE: 142301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 012

ROCKFORD MEM HOSP
2400 N ROCKTON AVE
ROCKFORD IL 61101
INTERMEDIARY NO: 00122
RENAL NETWORK = 15
PROVIDER NO: 140239
CROSS-REFERENCE: 142328
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 6880
NUMBER OF DIALYSIS STATIONS: 016

OIALYSIS CENTERS LTO
1545 HICKS RO
ROLLING MEAOOWS IL 60008
INTERMEOIARY NO: 00121
RENAL NETWORK = 15
PROVIOER NO: 142525
BACKUP HOSPITAL: 140224
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: OIALYSIS-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
OATE APPROVEO: 810105 MSA: 1600
NUMBER OF OIALYSIS STATIONS: 006

ST MARGARET HOSP ESRO UNIT
600 EAST FIRST ST
SPRING VALLEY IL 61362
INTERMEOIARY NO: 00121
RENAL NETWORK = 15
PROVIOER NO: 143511
APPROVEO AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA:
OATE APPROVEO: 810527 MSA: ****
NUMBER OF OIALYSIS STATIONS: 005

MEMORIAL MEOICAL CENTER
800 N RUTLEOGE ST
SPRINGFIELO IL 62701
INTERMEOIARY NO: 00121
RENAL NETWORK = 15
PROVIOER NO: 140148
CROSS-REFERENCE: 142315
APPROVEO AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
OATE APPROVEO: 770901 MSA: 7880
NUMBER OF OIALYSIS STATIONS: 000
TRANSPLANT-UNCONOITIONAL

EFFINGHAM LIMITED CARE FACILITY
205 N 4TH ST
EFFINGHAM IL 62401
INTERMEOIARY NO: 00121
RENAL NETWORK = 15
PROVIOER NO: 143501
BACKUP HOSPITAL: 140148
APPROVEO AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS, PERITONEAL
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 05
OATE APPROVEO: 770901 MSA: 7880
NUMBER OF OIALYSIS STATIONS: 010

WESTWOOO PLAZA LIMITEO CARE FACILITY
2 ORAWBRIOGE RO
SPRINGFIELO IL 62704
INTERMEOIARY NO: 00121
RENAL NETWORK = 15
PROVIOER NO: 143504
BACKUP HOSPITAL: 140148
APPROVEO AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS, PERITONEAL
TRAINING SERVICES: HEMOOIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
OATE APPROVEO: 770901 MSA: 7880
NUMBER OF OIALYSIS STATIONS: 017

MERCY HOSPITAL
1400 W PARK ST
URBANA IL 61801
INTERMEOIARY NO: 00121
RENAL NETWORK = 15
PROVIOER NO: 140113
CROSS-REFERENCE: 142311
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 04
OATE APPROVEO: 770901 MSA: 1400
NUMBER OF OIALYSIS STATIONS: 010

VICTORY MEMORIAL HOSPITAL
1324 NORTH SHERIOAN ROAO
WAUKEGAN IL 60085
INTERMEOIARY NO: 00121
RENAL NETWORK = 15
PROVIOER NO: 140084
CROSS-REFERENCE: 142308
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 08
OATE APPROVEO: 770901 MSA: 3965
NUMBER OF OIALYSIS STATIONS: 014

ST ANTHONY MEDICAL CENTER
MAIN AND FRANCISCAN RD
CROWN POINT IN 46307
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150126

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 811121 MSA: 2960
NUMBER OF DIALYSIS STATIONS: 006

TRI-STATE RENAL DISEASE CENTER
3700 WASHINGTON AVENUE
EVANSVILLE IN 47715
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150100

CROSS-REFERENCE: 152307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 2440
NUMBER OF DIALYSIS STATIONS: 024

THE LUTHERAN HOSP OF FORT WAYNE
3024 FAIRFIELD AVE
FORT WAYNE IN 46807
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150017

CROSS-REFERENCE: 152302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2760
NUMBER OF DIALYSIS STATIONS: 025

ST MARGARET HOSP
5454 HOHMAN AVE
HAMMOND IN 46320
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150004

CROSS-REFERENCE: 152300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2960
NUMBER OF DIALYSIS STATIONS: 031

INDIANA UNIVERSITY HOSPITALS
1100 WEST MICHIGAN ST
INDIANAPOLIS IN 46202
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150032

CROSS-REFERENCE: 152304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 3480
NUMBER OF DIALYSIS STATIONS: 021
TRANSPLANT-UNCONDITIONAL

METHODIST HOSP OF INDIANA INC
1604 N CAPITOL AV
INDIANAPOLIS IN 46202
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150056

CROSS-REFERENCE: 152306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 3480
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-UNCONDITIONAL

ST VINCENT HOSPITAL
1717 W 86TH ST
INDIANAPOLIS IN 46260
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150084

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 780302 MSA: 3480
NUMBER OF DIALYSIS STATIONS: 012

DIALYSIS INSTITUTE DF INDIANA INC
2140 N CAPITDL AVE
INDIANAPDLIS IN 46224
INTERMEDIARY ND: 00130
RENAL NETWDRK = 16
PRDVIDER ND: 152500
BACKUP HDSPITAL: 150026
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FDR PRDFIT
HCFA REGIDN: 05
DATE APPRDVED: 811001
NUMBER DF DIALYSIS STATIDNS: 044
HSA:
MSA: 3480

ST ELIZABETH HDSP MED CENTER
1501 HARTFDRD STREET
LAFAYETTE IN 47904
INTERMEDIARY ND: 00130
RENAL NETWDRK = 16
PRDVIDER ND: 150003
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: DTHER-NDT FOR PRDFIT
HCFA REGIDN: 05
DATE APPRDVED: 790601
NUMBER DF DIALYSIS STATIDNS: 010
HSA:
MSA: 3920

ST MARGARET HDSPITAL SDUTHLAKE UNIT
8701 BRDADWAY
MERRILLVILLE IN 46410
INTERMEDIARY ND: 00130
RENAL NETWDRK = 16
PRDVIDER ND: 153500
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05
DATE APPRDVED: 811125
NUMBER DF DIALYSIS STATIDNS: 004
HSA:
MSA: 2960

BALL MEM HDSP ASSDCIATIDN INC
2401 UNIVERSITY AVE
MUNCIE IN 47302
INTERMEDIARY ND: 00130
RENAL NETWDRK = 16
PRDVIDER ND: 150089
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: DTHER-NDT FDR PRDFIT
HCFA REGIDN: 05
DATE APPRDVED: 790611
NUMBER DF DIALYSIS STATIDNS: 008
HSA:
MSA: 5280

ST JDSEPHS HDSP
811 E MADISDN ST
SDUTH BEND IN 46617
INTERMEDIARY ND: 00130
RENAL NETWDRK = 16
PRDVIDER ND: 150012
CRDSS-REFERENCE: 152301
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05
DATE APPRDVED: 770901
NUMBER DF DIALYSIS STATIDNS: 022
HSA: 01
MSA: 7800

UNIDN HDSPITAL INC
1606 N 7TH ST
TERRE HAUTE IN 47801
INTERMEDIARY ND: 00130
RENAL NETWDRK = 16
PRDVIDER ND: 150023
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05
DATE APPRDVED: 800829
NUMBER DF DIALYSIS STATIDNS: 008
HSA:
MSA: 8320

GODD SAMARITAN HDSPITAL
520 SDUTH 7TH STREET
VINCENNES IN 47591
INTERMEDIARY ND: 00130
RENAL NETWDRK = 16
PRDVIDER ND: 150042
CRDSS-REFERENCE: 152305
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDUNTY-GDVERNMENT NDN-FEDERAL
HCFA REGION: 05
DATE APPRDVED: 770901
NUMBER DF DIALYSIS STATIDNS: 009
HSA: 01
MSA:

MARY GREELEY MEM HOSP (ESRD)
117 11TH ST
AMES IA 50010
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160030

CROSS-REFERENCE: 162304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770728 MSA:
NUMBER OF DIALYSIS STATIONS: 008

ST LUKE'S HOSP
1227 E RUSHOLME ST
DAVENPORT IA 52803
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160025

CROSS-REFERENCE: 162303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770728 MSA: 1960
NUMBER OF DIALYSIS STATIONS: 016

IOWA LUTHERAN HOSP
E. UNIVERSITY AT PENN
DES MOINES IA 50316
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160024

CROSS-REFERENCE: 162302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770830 MSA: 2120
NUMBER OF DIALYSIS STATIONS: 021

TRI-STATE DIALYSIS
320 N GRANDVIEW
DUBUQUE IA 52001
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 162500

BACKUP HOSPITAL: 160058
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 800917 MSA: 2200
NUMBER OF DIALYSIS STATIONS: 006

TRINITY REG HOSP
S KENYON RD
FORT DODGE IA 50501
INTERMEDIARY NO: 00141
RENAL NETWORK = 08
PROVIDER NO: 160016

CROSS-REFERENCE: 162300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770829 MSA:
NUMBER OF DIALYSIS STATIONS: 008

VA HOSP
HIGHWAY 6 W
IOWA CITY IA 52240
INTERMEDIARY NO: 99990
RENAL NETWORK = 08
PROVIDER NO: 16004F

CROSS-REFERENCE: 162305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770727 MSA: 3500
NUMBER OF DIALYSIS STATIONS: 016

UNIVERSITY OF IOWA HOSP CLINICS
NEWTON RD
IOWA CITY IA 52240
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160058

CROSS-REFERENCE: 162306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770830 MSA: 3500
NUMBER OF DIALYSIS STATIONS: 012
TRANSPLANT-UNCONDITIONAL

HENRY CO HEALTH CTR
SAUNDERS PARK
MOUNT PLEASANT IA 52641
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160106

CROSS-REFERENCE: 162308
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 07
DATE APPROVED: 770728
NUMBER OF DIALYSIS STATIONS: 008

HSA: 01
MSA:

MARIAN HEALTH CENTER
801 5TH ST
SIOUX CITY IA 51102
INTERMEDIARY NO: 00141
RENAL NETWORK = 08
PROVIDER NO: 160153

CROSS-REFERENCE: 162301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07
DATE APPROVED: 770727
NUMBER OF DIALYSIS STATIONS: 010

HSA: 01
MSA: 7720

ST FRANCIS HOSP
3421 W 9TH ST
WATERLOO IA 50702
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160067

CROSS-REFERENCE: 162307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07
DATE APPROVED: 770728
NUMBER OF DIALYSIS STATIONS: 010

HSA: 01
MSA: 8920

DODGE CITY ST FRANCIS DIALYSIS FAC
108 ROSS BOULEVARD
DODGE CITY FORO KS 67801
INTERMEDIARY NO: 00150
RENAL NETWORK = 09
PROVIDER NO: 172500
BACKUP HOSPITAL: 170122
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVED: 820614 MSA:
NUMBER OF DIALYSIS STATIONS: 004

UNIVERSITY OF KANSAS MEDICAL CENTER
39TH ST & RAINBOW BLVD
KANSAS CITY KS 66103
INTERMEOIARY NO: 00240
RENAL NETWORK = 09
PROVIDER NO: 170040
CROSS-REFERENCE: 172301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 07 HSA: 04
OATE APPROVED: 770829 MSA: 3755
NUMBER OF DIALYSIS STATIONS: 016

JOHNSON COUNTY OIALYSIS INC
8383 MELROSE
LENEXA KS 66214
INTERMEOIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 172501
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVEO: 830606 MSA: 8440
NUMBER OF OIALYSIS STATIONS: 006

ASBURY HOSP
400 S SANTA FE
SALINA KS 67401
INTERMEDIARY NO: 00150
RENAL NETWORK = 09
PROVIDER NO: 170012
APPROVEO AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVED: 801101 MSA:
NUMBER OF DIALYSIS STATIONS: 009

ST FRANCIS HOSP ANO MED CTR
1700 W 7TH ST
TOPEKA KS 66606
INTERMEDIARY NO: 00150
RENAL NETWORK = 09
PROVIDER NO: 170016
CROSS-REFERENCE: 172300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 02
DATE APPROVED: 770721 MSA: 8440
NUMBER OF DIALYSIS STATIONS: 016

ST FRANCIS HOSP
929 N ST FRANCIS AVE
WICHITA KS 67214
INTERMEDIARY NO: 00150
RENAL NETWORK = 09
PROVIDER NO: 170122
CROSS-REFERENCE: 172303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 03
DATE APPROVED: 800707 MSA: 9040
NUMBER OF DIALYSIS STATIONS: 043

KIDNEY TREATMENT CENTER
2140 WINCHESTER AVE
ASHLAND KY 41101
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182510
BACKUP HOSPITAL: 180018
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 811109 MSA: 3400
NUMBER OF DIALYSIS STATIONS: 006

HIGHLANDS DIALYSIS FACILITY
U.S. 23 NORTH
PRESTONBURG KY 41603
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182507
BACKUP HOSPITAL: 180005
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790402 MSA:
NUMBER OF DIALYSIS STATIONS: 010

BOWLING GREEN HEMODIALYSIS CENTER
1834 LYDA AVE
BOWLING GREEN KY 42101
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182505
BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 780816 MSA:
NUMBER OF DIALYSIS STATIONS: 009

DIALYSIS CLINIC INC
508 S MAIN ST
CORBIN KY 40701
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182508
BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800114 MSA:
NUMBER OF DIALYSIS STATIONS: 012

COMMUNITY LIMITED CARE DIALYSIS CTR
900 MEDICAL VILLAGE DR
EDGEWOOD KY 41017
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182511
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830802 MSA: 1640
NUMBER OF DIALYSIS STATIONS: 005

WOODLAND DIALYSIS FACILITY
912 WOODLAND DR
ELIZABETHTOWN KY 42701
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182504
BACKUP HOSPITAL: 180040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 007

JENNIE STUART MEMORIAL HOSP
HOSPITAL LANE
HOPKINSVILLE KY 42240
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 180051
CROSS-REFERENCE: 182304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 1660
NUMBER OF DIALYSIS STATIONS: 004

UNIVERSITY OF KENTUCKY MEDICAL CENTER
800 RDSE STREET
LEXINGTON KY 40536
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PRDVIDER ND: 180067
CRDSS-REFERENCE: 182305
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL TRANSPLANT-UNCDNDITIDNAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGIDN: 04 HSA: 02
DATE APPROVED: 760901 MSA: 4280
NUMBER DF DIALYSIS STATIONS: 007

DIALYSIS CLINIC INC
1353 LEESTOWN RD
LEXINGTON KY 40508
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182502
BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 4280
NUMBER OF DIALYSIS STATIDNS: 020

JEWISH HOSP
217 E CHESTNUT ST
LOUISVILLE KY 40202
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PRDVIDER ND: 180040
CROSS-REFERENCE: 182302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 4520
NUMBER OF DIALYSIS STATIONS: 008

U DF LDUISVILLE RENAL DIALYSIS UNIT
HALL 2E 323 E CHESTNUT ST
LOUISVILLE KY 40202
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER ND: 182501
BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 4520
NUMBER DF DIALYSIS STATIONS: 014

BIO MEDICAL APPLICATIONS DF LOUISVILLE
224 E BROADWAY
LOUISVILLE KY 40202
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PRDVIDER NO: 182503
BACKUP HOSPITAL: 180040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMOOIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 4520
NUMBER OF DIALYSIS STATIONS: 031

TROVER CLIN FOUNDATION RENAL DIALYSIS
638 N FRANKLIN ST
MAOISONVILLE KY 42431
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182506
BACKUP HOSPITAL: 180040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 780920 MSA:
NUMBER OF DIALYSIS STATIONS: 004

DIALYSIS CLINIC INC
445 CLINIC DR
MOREHEAD KY 40351
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182509
BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800407 MSA:
NUMBER OF DIALYSIS STATIONS: 008

OWENSBORO-DAVIESS CO HOSP-
CENTER + PEARL ST
OWENSBORO KY 42301
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 180038

CROSS-REFERENCE: 182301
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 006

HSA: 01
MSA: 5990

LOURDES HOSP
1530 LONE OAK ROAD
PADUCAH KY 42001
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 180102

CROSS-REFERENCE: 182306
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 006

HSA: 01
MSA:

SHREVEPORT REGIONAL DIALYSIS CENTER
2121 FAIRFIELD AVE
SHREVEPDRT LA 71104
INTERMEDIARY NO: 00170
RENAL NETWDRK = 12
PROVIDER NO: 192512
BACKUP HDSPITAL: 190098
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGIDN: 06 HSA:
DATE APPRDVED: 800220 MSA: 7680
NUMBER DF DIALYSIS STATIDNS: 018

BMA OF ALEXANDRIA INC.
405 THIRD ST
ALEXANDRIA LA 71301
INTERMEDIARY ND: 00170
RENAL NETWORK = 12
PROVIDER NO: 192503
BACKUP HOSPITAL: 190122
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMDDIALYSIS
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CDRPDRATIDN-FDR PRDFIT
HCFA REGIDN: 06 HSA: 03
DATE APPROVED: 770831 MSA: 0220
NUMBER DF DIALYSIS STATIDNS: 024

EARL K LDNG MEMDRIAL HDSPITAL
5825 AIRLINE HIGHWAY
BATON ROUGE LA 70805
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190122
CROSS-REFERENCE: 192309
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: STATE-GOVERNMENT NDN-FEDERAL
HCFA REGIDN: 06 HSA: 02
DATE APPRDVED: 770831 MSA: 0760
NUMBER DF DIALYSIS STATIONS: 003

BIO-MEDICAL APPLICATIDNS-BATON RDUGE
524 CDLONIAL DR
BATON ROUGE LA 70806
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192501
BACKUP HDSPITAL: 190122
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CDRPDRATION-FOR PRDFIT
HCFA REGIDN: 06 HSA: 02
DATE APPRDVED: 770831 MSA: 0760
NUMBER OF DIALYSIS STATIDNS: 024

BMA OF BATON RDUGE-CENTRAL
5348 FLANDERS DR
BATON ROUGE LA 70809
INTERMEDIARY ND: 00170
RENAL NETWORK = 12
PROVIDER NO: 192524
BACKUP HDSPITAL: 190122
APPRDVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CORPDRATIDN-FOR PRDFIT
HCFA REGION: 06 HSA:
DATE APPRDVED: 820615 MSA: 0760
NUMBER DF DIALYSIS STATIDNS: 012

WASHINGTDN PARISH DIALYSIS CENTER
433 PLAZA
BDGALUSA LA 70427
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192508
BACKUP HDSPITAL: 190098
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CORPDRATIDN-FDR PRDFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 780701 MSA:
NUMBER DF DIALYSIS STATIDNS: 008

CHALMETTE DIALYSIS CENTER
8308 LAFITTE CDURT
CHALMETTE LA 70043
INTERMEDIARY NO: 00170
RENAL NETWDRK = 12
PROVIDER ND: 192515
BACKUP HDSPITAL: 190035
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF OWNERSHIP: CDRPORATIDN-FDR PROFIT
HCFA REGIDN: 06 HSA:
DATE APPROVED: 810413 MSA: 5560
NUMBER DF DIALYSIS STATIONS: 011

FLORIDA PARISHES ART KIDNEY CTR
RT 1 CLUB DELUXE,#104 PROF PL
HAMMDND LA 70401
INTERMEDIARY ND: 00170
RENAL NETWORK = 12
PRDVIDER NO: 192505
BACKUP HDSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMDDIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPDRATION-FDR PROFIT
HCFA REGIDN: 06 HSA: 02
DATE APPRDVED: 770831 MSA:
NUMBER DF DIALYSIS STATIDNS: 010

BIO MED APPLICATIDNS DF MARRERO INC
3714-2 WESTBANK EXPRESSWAY
HARVEY LA 70058
INTERMEDIARY ND: 00170
RENAL NETWORK = 12
PRDVIDER NO: 192521
BACKUP HDSPITAL: 190035
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIDNAL
TYPE DF OWNERSHIP: CORPDRATIDN-FDR PRDFIT
HCFA REGION: 06 HSA:
DATE APPRDVED: 820106 MSA: 5560
NUMBER DF DIALYSIS STATIDNS: 006

OCHNER CLINIC HDUMA & BAYDU AREA
903 PICDNE RD
HDUMA LA 70360
INTERMEDIARY ND: 00170
RENAL NETWDRK = 12
PRDVIDER ND: 192509
BACKUP HOSPITAL: 190036
APPROVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF OWNERSHIP: PARTNERSHIP-FDR PRDFIT
HCFA REGIDN: 06 HSA: 01
DATE APPRDVED: 781101 MSA: 3350
NUMBER DF DIALYSIS STATIONS: 010

DIALYSIS CENTER DF KENNER
2226 WILLIAMS BLVD #201
KENNER LA 70062
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PRDVIDER NO: 192528
APPRDVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FOR PRDFIT
HCFA REGIDN: 06 HSA:
DATE APPRDVED: 830211 MSA: 5560
NUMBER DF DIALYSIS STATIONS: 006

UNIVERSITY MEDICAL CENTER
2390 WEST CDNGRESS
LAFAYETTE LA 70506
INTERMEDIARY ND: 00170
RENAL NETWORK = 12
PRDVIDER NO: 190006
CRDSS-REFERENCE: 192316
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF OWNERSHIP: STATE-GDVERNMENT NON-FEDERAL
HCFA REGIDN: 06 HSA:
DATE APPROVED: 830711 MSA: 3880
NUMBER DF DIALYSIS STATIDNS: 004

ACADIANA ARTIFICIAL KIDNEY CTR
300 W ST MARY ST
LAFAYETTE LA 70501
INTERMEDIARY ND: 00170
RENAL NETWDRK = 12
PRDVIDER ND: 192504
BACKUP HOSPITAL: 190035
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMDDIALYSIS
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CDRPDRATIDN-FOR PRDFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 3880
NUMBER OF DIALYSIS STATIONS: 013

ST PATRICK HOSP OF LAKE CHARLES
524 S RYAN
LAKE CHARLES LA 70601
INTERMEDIARY NO: 00170
RENAL NETWDRK = 12
PRDVIDER ND: 190027
CRDSS-REFERENCE: 192303
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 3960
NUMBER DF DIALYSIS STATIDNS: 012

KIDNEY KARE OF LAPLACE
925 BELLE TERRE DRIVE
LAPLACE LA 70068
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192513
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 800405
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA: 5560

ST CHARLES PARISH DIALYSIS CTR
924 LAGAROE STREET
LULING LA 70070
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192526
BACKUP HOSPITAL: 190176
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 820623
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA: 5560

WEST JEFFERSON DIALYSIS CENTER INC
4907 WICHERS DR
MARRERO LA 70072
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192520
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 820110
NUMBER OF DIALYSIS STATIONS: 004
HSA:
MSA: 5560

BMA OF METAIRIE INC
3939 HOUMA BLVD
METAIRIE LA 70002
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192511
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 800222
NUMBER OF DIALYSIS STATIONS: 011
HSA:
MSA: 5560

NORTHERN LOUISIANA DIALYSIS CENTER
711 WOOD ST
MONROE LA 71210
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192510
BACKUP HOSPITAL: 190011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 800210
NUMBER OF DIALYSIS STATIONS: 025
HSA:
MSA: 5200

ST MARY PARISH DIALYSIS INC
1100 MARGUERITE ST
MORGAN CITY LA 70380
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192517
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 810718
NUMBER OF DIALYSIS STATIONS: 005
HSA:
MSA:

ASSUMPTION GEN ARTIFICIAL KIDNEY CTR
HIGHWAY 1 BOX 546
NAPOLEONVILLE LA 70390
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192502
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 010
HSA: 01
MSA:

NATCHITDCHES OIALYSIS FACILITY
581 KEYSER AVE-BOX 2042
NATCHITECHES LA 71457
INTERMEOIARY ND: 00170
RENAL NETWDRK = 12
PRDVIDER NO: 192525
BACKUP HOSPITAL: 190035
APPROVEO AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CONDITIDNAL
TYPE DF OWNERSHIP: CORPORATIDN-FDR PRDFIT
HCFA REGIDN: 06 HSA:
OATE APPROVED: 820606 MSA: 0220
NUMBER OF OIALYSIS STATIDNS: 006

BAYDU TECHE KIDNEY CENTER
101 E MAIN ST
NEW IBERIA LA 70560
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PRDVIDER ND: 192522
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMDOIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMOOIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMDOIALYSIS, PERITDNEAL
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONOITIONAL
TYPE DF OWNERSHIP: CORPDRATIDN-FOR PROFIT
HCFA REGIDN: 06 HSA:
DATE APPROVEO: 820825 MSA: ****
NUMBER OF DIALYSIS STATIONS: 008

CHARITY HDSP DF NEW DRLEANS
1532 TULANE AVE
NEW ORLEANS LA 70140
INTERMEDIARY NO: 00170
RENAL NETWDRK = 12
PRDVIDER ND: 190005
CROSS-REFERENCE: 192300
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMDOIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNOITIDNAL
TYPE DF OWNERSHIP: STATE-GDVERNMENT NON-FEDERAL
HCFA REGIDN: 06 HSA: 01
OATE APPRDVEO: 770831 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 011
TRANSPLANT-CDNDITIDNAL

HDTEL DIEU HDSP
2021 PEROIOD ST
NEW ORLEANS LA 70112
INTERMEDIARY NO: 00170
RENAL NETWDRK = 12
PRDVIDER ND: 190035
CROSS-REFERENCE: 192304
APPROVEO AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMDOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF OWNERSHIP: CORPDRATION-NDT FOR PRDFIT
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 5560
NUMBER DF OIALYSIS STATIONS: 004
TRANSPLANT-CDNOITIDNAL

TDURD INFIRMARY
1401 FDUCHER ST
NEW DRLEANS LA 70115
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PRDVIDER ND: 190046
CROSS-REFERENCE: 192306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMDOIALYSIS
TRAINING SERVICES: HEMOOIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF DWNERSHIP: DTHER-NOT FDR PRDFIT
HCFA REGION: 06 HSA: 01
OATE APPROVED: 770831 MSA: 5560
NUMBER OF DIALYSIS STATIDNS: 014

SOUTHERN BAPTIST HDSPITAL
2700 NAPDLEDN AVE
NEW DRLEANS LA 70115
INTERMEDIARY NO: 00170
RENAL NETWDRK = 12
PRDVIDER NO: 190135
CROSS-REFERENCE: 192311
APPRDVED AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDOIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF DWNERSHIP: CORPDRATION-NOT FDR PRDFIT
HCFA REGION: 06 HSA: 01
DATE APPRDVED: 770831 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 018
TRANSPLANT-UNCONDITIDNAL

ST CHARLES GENERAL HDSP
3700 ST CHARLES AVE
NEW DRLEANS LA 70115
INTERMEDIARY NO: 52280
RENAL NETWORK = 12
PRDVIDER ND: 190158
CRDSS-REFERENCE: 192312
APPRDVED AS: OIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: DTHER-NDT FOR PRDFIT
HCFA REGION: 06 HSA: 01
DATE APPRDVED: 770831 MSA: 5560
NUMBER DF OIALYSIS STATIDNS: 004

TULANE MEDICAL CTR HOSP
1415 TULANE AVE
NEW ORLEANS LA 70112
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190176
CROSS-REFERENCE: 192314
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 790424 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 003

GREATER NEW ORLEANS ART KIDNEY CTR.
2000 TULANE AVE
NEW ORLEANS LA 70112
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192500
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 025

WESTBANK CHRONIC RENAL CTR
4501 PATTERSON RD
NEW ORLEANS LA 70114
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192507
BACKUP HOSPITAL: 190005
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 01
DATE APPROVED: 780119 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 013

BIO MED APPLICATIONS OF NEW ORLEANS E
7500 BULLARD AVE SUITE 14A
NEW ORLEANS LA 70127
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192516
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 810404 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 010

TRI-PARISH CHRONIC RENAL CTR
2359 ST CLAUDE AVE
NEW ORLEANS LA 70117
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192523
BACKUP HOSPITAL: 190176
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 820331 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 008

MID-CITY DIALYSIS CTR
3340 BIENVILLE ST
NEW ORLEANS LA 70119
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192527
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 820720 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 006

KIDNEY CARE OF NEW ORLEANS
2123 MAGAZINE ST
NEW ORLEANS LA 70130
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192529
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830318 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 008

OCHSNER CLINIC DIALYSIS CENTER
1514 JEFFERSON HIGHWAY
NEW ORLEANS LA 70121
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192531
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP:
HCFA REGION: 06
DATE APPROVED: 831110
NUMBER OF DIALYSIS STATIONS: 011
HSA:
MSA: 5560

OPELOUSAS ARTIFICIAL KIDNEY CTR
1207 CHOCTAW
OPELOUSAS LA 70570
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192518
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 810902
NUMBER OF DIALYSIS STATIONS: 007
HSA:
MSA:

BMA OF SHREVEPORT
3921 SOUTHERN AVE
SHREVEPORT LA 71106
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192530
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 830708
NUMBER OF DIALYSIS STATIONS: 010
HSA:
MSA: 7680

LOUISIANA STATE UNIV. HOSP.
1541 KINGS HIGHWAY
SHREVEPORT LA 71103
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190098
CROSS-REFERENCE: 192307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 010
TRANSPLANT-UNCONDITIONAL
HSA: 03
MSA: 7680

WILLIS KNIGHTON MEDICAL CENTER
2600 GREENWOOD RD
SHREVEPORT LA 71103
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190111
CROSS-REFERENCE: 192308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 009
HSA: 03
MSA: 7680

ST TAMMANY PARISH DIALYSIS CTR
1412 CORPORATE SQUARE
SLIDELL LA 70458
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192514
BACKUP HOSPITAL: 190158
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 801103
NUMBER OF DIALYSIS STATIONS: 008
HSA:
MSA: 5560

ST TAMMANY PARISH DIALYSIS CENTER
1341 12TH ST
SLIDELL LA 70458
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192519
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 811015
NUMBER OF DIALYSIS STATIONS: 008
HSA:
MSA: 5560

EASTERN MAINE MED CTR
489 STATE ST
BANGOR ME 04401
INTERMEDIARY NO: 00180
RENAL NETWORK = 28
PROVIDER NO: 200033

CROSS-REFERENCE: 202301
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPDRATION-NOT FOR PRDFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 0733
NUMBER OF DIALYSIS STATIONS: 014

MAINE MEDICAL CENTER
22 BRAMHALL ST
PDRTLAND ME 04102
INTERMEDIARY ND: 00180
RENAL NETWDRK = 28
PRDVIDER NO: 200009

CRDSS-REFERENCE: 202300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CDRPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 6403
NUMBER OF DIALYSIS STATIDNS: 003
TRANSPLANT-UNCONDITIONAL

SDUTHERN MAINE DIALYSIS FACILITY
66 BRAMHALL ST
PDRTLAND ME 04102
INTERMEDIARY ND: 00180
RENAL NETWDRK = 28
PRDVIDER ND: 202500

BACKUP HOSPITAL: 200009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CDRPDRATION-FOR PRDFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 771017 MSA: 6403
NUMBER OF DIALYSIS STATIONS: 021

MID-MAINE MEDICAL CENTER
CHASE AVENUE
WATERVILLE ME 04901
INTERMEDIARY ND: 00180
RENAL NETWDRK = 28
PRDVIDER ND: 200039

CROSS-REFERENCE: 202302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CDRPORATIDN-NDT FDR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA:
NUMBER DF DIALYSIS STATIDNS: 008

BMA ANNAPOLIS
203 RIDGELY AVE
ANNAPOLIS MD 21401
INTERMEDIARY NO: 00080
RENAL NETWORK = 31
PROVIDER NO: 212509

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 780501 MSA:
NUMBER OF DIALYSIS STATIONS: 010

UNIVERSITY OF MARYLAND HOSPITAL
22 S GREENE ST
BALTIMORE MD 21201
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 210002

CROSS-REFERENCE: 212300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 006

JOHNS HOPKINS HOSP
601 N BROADWAY
BALTIMORE MD 21205
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 210009

CROSS-REFERENCE: 212301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 006

BON SECOURS HOSP
2025 W FAYETTE ST
BALTIMORE MD 21223
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 210013

CROSS-REFERENCE: 212309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800516 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 019

BALTIMORE CITY HOSPITALS
4940 EASTERN AVENUE
BALTIMORE MD 21224
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 210029

CROSS-REFERENCE: 212303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 015

MARYLAND GEN HOSP
827 LINDEN AVE
BALTIMORE MD 21201
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 210038

CROSS-REFERENCE: 212304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 006

GOOD SAMARITAN HOSP
5601 LOCH RAVEN BLVD
BALTIMORE MD 21239
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 210056

CROSS-REFERENCE: 212306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 780701 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 020

MASON F LORD DIALYSIS UNIT
5200 EASTERN AVE
BALTIMORE MD 21224
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 210902
CROSS-REFERENCE: 212305
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 012

LOUIS J KOLODNER DIALYSIS UNIT
803 NORTH EUTAW STREET
BALTIMORE MD 21201
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212504
BACKUP HOSPITAL: 210002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 022

ROTUNDA CTR FOR INDEPENDENT DIALYSIS
733 W 40TH ST RM 101
BALTIMORE MD 21211
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212513
BACKUP HOSPITAL: 210002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 810416 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 010

UNIV SQUARE-HARBOR FACILITY
611 S. CHARLES ST
BALTIMORE MD 21201
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212515
BACKUP HOSPITAL: 210002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 820217 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 016

BIO-MEDICAL APPLICATIONS OF WASHINGTON
4905 DEL RAY AVE
BETHESDA MD 20014
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 212503
BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 02
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 031

PRINCE GEORGES GENERAL HOSPITAL
1 HOSPITAL DR
CHEVERLY MD 20785
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 210003
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 03 HSA:
DATE APPROVED: 820611 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 008

HOWARD COUNTY DIALYSIS FACILITY
11085 LITTLE PATUXANT PARKWAY
COLUMBIA MD 21044
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212516
BACKUP HOSPITAL: 210038
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 821025 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 009

MEMORIA HOSP : MEDICAL CTR CUMBERLAND
600 MEMORIAL AVE
CUMBERLAND MD 21502
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 210025

CROSS-REFERENCE: 212302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 1900
NUMBER OF DIALYSIS STATIONS: 008

MID-SHORE DIALYSIS CTR
RTE 3 BOX 107 OUTCHMAN'S LANE
EASTON MD 21601
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212512

BACKUP HOSPITAL: 210029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 810102 MSA:
NUMBER OF DIALYSIS STATIONS: 016

WESTERN MARYLAND CENTER
1500 PENNSYLVANIA AVE
HAGERSTOWN MD 21740
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212507

BACKUP HOSPITAL: 210009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 3180
NUMBER OF DIALYSIS STATIONS: 016

CHESAPEAKE KIDNEY CENTER
626 TOWNE CENTER DRIVE
JOPPATOWN MD 21085
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212517

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830620 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 005

DOCTORS HOSP OF PRINCE GEORGES CO
8118 GOOD LUCK RD
LANHAM MD 20801
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 210051

CROSS-REFERENCE: 212307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800122 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 004

MID-ATLANTIC NEPHROLOGY CTR
9811 MALLARD DR
LAUREL MD 20708
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 212506

BACKUP HOSPITAL: 090011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 007

CENTRAL MARYLAND KIDNEY CENTER
1818 POT SPRINGS RD
LUTHERVILLE MD 21093
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212514

BACKUP HOSPITAL: 210029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 810707 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 018

SHADY GRDVE DIALYSIS CENTER
14805 PHYSICIANS LA #272
RDCKVILLE MD 20850
INTERMEDIARY ND: 52280
RENAL NETWDRK = 23
PRDVIDER ND: 212511
BACKUP HDSPITAL: 210004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE DF OWNERSHIP: OTHER-FOR PRDFIT
HCFA REGION: 03
DATE APPROVED: 800331
NUMBER DF DIALYSIS STATIONS: 006
HSA:
MSA: 8840

DEERS HEAD CENTER RENAL DIALYSIS
PD BDX 2018
SALISBURY MD 21801
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PRDVIDER NO: 212508
BACKUP HOSPITAL: 210029
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGIDN: 03
DATE APPRDVED: 770901
NUMBER DF DIALYSIS STATIDNS: 018
HSA: 05
MSA:

HDLY CRDSS HOSPITAL
1500 FDREST GLEN ROAD
SILVER SPRING MD 20910
INTERMEDIARY NO: 52280
RENAL NETWORK = 23
PRDVIDER ND: 210004
CROSS-REFERENCE: 212310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPORATION-NDT FOR PROFIT
HCFA REGION: 03
DATE APPRDVED: 810126
NUMBER OF DIALYSIS STATIONS: 010
HSA:
MSA: 8840

MID ATLANTIC NEPHRDLOGY CENTER
NEW MARKET PLAZA RR4 BOX 262
MECHANICSVILLE MD 20659
INTERMEDIARY ND: 52280
RENAL NETWDRK = 23
PRDVIDER ND: 212510
BACKUP HOSPITAL: 090011
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF OWNERSHIP: CDRPDRATIDN-FOR PRDFIT
HCFA REGION: 03
DATE APPRDVED: 800111
NUMBER DF DIALYSIS STATIONS: 008
HSA:
MSA:

MID-ATLANTIC NEPHROLDGY
4700 AUTH PLACE #200
SUITLAND MD 20746
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PRDVIDER ND: 212501
BACKUP HOSPITAL: 090011
APPRDVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: CDRPORATION-FOR PROFIT
HCFA REGIDN: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIDNS: 031
HSA: 03
MSA: 8840

N. SHORE REGIONAL KIDNEY DIALYSIS CTR
HERRICK & HEATHER STS
BEVERLY MA 01915
INTERMEDIARY ND: 00200
RENAL NETWDRK = 28
PRDVIDER ND: 220033
CRDSS-REFERENCE: 222302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATION-NDT FDR PRDFIT
HCFA REGIDN: 01 HSA: 06
DATE APPRDVED: 770805 MSA: 1123
NUMBER DF DIALYSIS STATIONS: 018

UNIVERSITY HDSP
75 E NEWTDN ST
BOSTDN MA 02118
INTERMEDIARY ND: 00200
RENAL NETWDRK = 28
PRDVIDER ND: 220031
CRDSS-REFERENCE: 222301
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF OWNERSHIP: CDRPORATION-NDT FOR PROFIT
HCFA REGIDN: 01 HSA: 04
DATE APPROVED: 770901 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 004
TRANSPLANT-CONDITIONAL

MASSACHUSETTS GENERAL HDSP
FRUIT ST
BOSTON MA 02114
INTERMEDIARY ND: 00200
RENAL NETWORK = 28
PRDVIDER ND: 220071
CROSS-REFERENCE: 222306
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NOT FDR PROFIT
HCFA REGION: 01 HSA: 04
DATE APPRDVED: 770831 MSA: 1123
NUMBER DF DIALYSIS STATIONS: 006
TRANSPLANT-UNCONDITIONAL

BETH ISRAEL HDSP
330 BRDDKLINE AVE
BDSTDN MA 02215
INTERMEDIARY NO: 00200
RENAL NETWDRK = 28
PROVIDER ND: 220086
CRDSS-REFERENCE: 222308
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PROFIT
HCFA REGIDN: 01 HSA: 04
DATE APPRDVED: 770901 MSA: 1123
NUMBER OF DIALYSIS STATIDNS: 004
TRANSPLANT-UNCDNDITIONAL

BRIGHAM & WDMEN'S HDSP
75 FRANCIS ST
BOSTDN MA 02115
INTERMEDIARY ND: 00200
RENAL NETWORK = 28
PROVIDER NO: 220110
CRDSS-REFERENCE: 222309
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CORPDRATIDN-NDT FDR PRDFIT
HCFA REGION: 01 HSA: 04
DATE APPROVED: 770805 MSA: 1123
NUMBER DF DIALYSIS STATIDNS: 010
TRANSPLANT-UNCDNDITIONAL

NEW ENGLAND MED CTR HOSP
171 HARRISON AVE
BDSTDN MA 02111
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220116
CRDSS-REFERENCE: 222310
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF OWNERSHIP: CORPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 01 HSA: 04
DATE APPRDVED: 770805 MSA: 1123
NUMBER DF DIALYSIS STATIONS: 005
TRANSPLANT-UNCDNDITIONAL

NEW ENGLAND DEACDNESS HOSP
185 PILGRIM RD
BOSTON MA 02215
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220118
CRDSS-REFERENCE: 222311
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: CORPORATION-NDT FOR PRDFIT
HCFA REGIDN: 01 HSA: 04
DATE APPROVED: 770811 MSA: 1123
NUMBER DF DIALYSIS STATIDNS: 012
TRANSPLANT-CDNDITIDNAL

CHILORENS HOSP MED CENTER
300 LONGWOOD AVE
BOSTON MA 02115
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220122

CROSS-REFERENCE: 222312
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770805 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 006
TRANSPLANT-UNCONDITIONAL

KIDNEY CENTER
1055 COMMONWEALTH AVE
BOSTON MA 02215
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222500

BACKUP HOSPITAL: 220110
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770805 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 044

BMA OF BOSTON
170 MORTON ST
JAMAICA PLAIN MA 02130
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222506

BACKUP HOSPITAL: 220116
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 830101 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 009

ST ELIZABETHS HOSP
736 CAMBRIDGE ST
BRIGHTON MA 02135
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220036

CROSS-REFERENCE: 222303
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770817 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 010

BROCKTON DIALYSIS CENTER
375 WESTGATE DRIVE
BROCKTON MA 02401
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222505

BACKUP HOSPITAL: 220116
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 810316 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 016

LAHEY CLINIC FOUNDATION
41 MALL RD
BURLINGTON MA 01803
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220171

CROSS-REFERENCE: 222313
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 810305 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 006

BMA OF FRAMINGHAM
223 WALNUT ST
FRAMINGHAM MA 02701
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222504

BACKUP HOSPITAL: 220110
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 800527 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 010

FRANKLIN COUNTY PUB HOSP
164 HIGH ST
GREENFIELD MA 01301
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 220016
CROSS-REFERENCE: 222314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CITY/COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 01
DATE APPROVED: 811031
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA:

ST JOSEPHS HOSP
220 PAUTUCKET ST
LOWELL MA 01854
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220045
CROSS-REFERENCE: 222304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 770805
NUMBER OF DIALYSIS STATIONS: 009
HSA: 03
MSA: 1123

ST JOSEPH'S ESRD SATELLITE UNIT
220 PAWTUCKET ST
LOWELL MA 01854
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 223500
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 820111
NUMBER OF DIALYSIS STATIONS: 008
HSA:
MSA: ****

NANTUCKET COTTAGE HOSPITAL ESRD
SOUTH PROSPECT ST
NANTUCKET MA 02554
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220081
CROSS-REFERENCE: 222315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP:
HCFA REGION: 01
DATE APPROVED: 831208
NUMBER OF DIALYSIS STATIONS: 001
HSA:
MSA:

SOUTHEASTERN MASS DIALYSIS CENTER
1215 PURCHASE ST
NEW BEDFORD MA 02740
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222503
BACKUP HOSPITAL: 220118
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 790519
NUMBER OF DIALYSIS STATIONS: 016
HSA:
MSA: 5403

BERKSHIRE MEDICAL CENTER
725 NORTH STREET
PITTSFIELD MA 01201
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 220046
CROSS-REFERENCE: 222305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 780124
NUMBER OF DIALYSIS STATIONS: 007
HSA: 01
MSA: 6323

BAYSTATE MEDICAL CENTER
759 CHESTNUT ST
SPRINGFIELD MA 01107
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 220077
CROSS-REFERENCE: 222307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 770801
NUMBER OF DIALYSIS STATIONS: 007
HSA: 01
MSA: 8003

BMA OF SPRINGFIELD
200 MAIN ST
SPRINGFIELD MA 01103
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 222502

BACKUP HOSPITAL: 220077
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA: 01
OATE APPROVED: 770810 MSA: 8003
NUMBER OF OIALYSIS STATIONS: 032

MEMORIAL HOSP
119 BELMONT ST
WORCESTER MA 01605
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 220026

CROSS-REFERENCE: 222300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 02
OATE APPROVED: 770810 MSA: 9243
NUMBER OF DIALYSIS STATIONS: 012

CAPE COD ARTIFICIAL KIDNEY CENTER
241 WILLOW STREET
YARMOUTH MA 02675
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222501

BACKUP HOSPITAL: 220110
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770815 MSA: ****
NUMBER OF DIALYSIS STATIONS: 011

GRATIOT COMMUNITY HOSPITAL
300 WARWICK DRIVE
ALMA MI 48801
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230030
CROSS-REFERENCE: 232307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 010

UNIVERSITY HOSPITAL
1405 E ANN ST
ANN ARBOR MI 48104
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230046
CROSS-REFERENCE: 232309
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 0440
NUMBER OF DIALYSIS STATIONS: 005

VA HOSP
2215 FULLER RD
ANN ARBOR MI 48105
INTERMEDIARY NO: 99990
RENAL NETWORK = 14
PROVIDER NO: 23011F
CROSS-REFERENCE: 232317
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL
HCFA REGION: 05 HSA: 01
DATE APPROVED: 790930 MSA: 0440
NUMBER OF DIALYSIS STATIONS: 012

ST JOSEPH MERCY HOSPITAL
P O BOX 995 5301 E HURON RIVER D
ANN ARBOR MI 48106
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230156
CROSS-REFERENCE: 232325
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 0440
NUMBER OF DIALYSIS STATIONS: 004

COMMUNITY HOSPITAL ASS OF BATTLE
183 WEST STREET
BATTLE CREEK MI 49016
INTERMEDIARY NO: 50230
RENAL NETWORK = 14
PROVIDER NO: 230102
CROSS-REFERENCE: 232329
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 771101 MSA: 0780
NUMBER OF DIALYSIS STATIONS: 006

MERCY HOSP DIV SW MI HLTH CARE ASSOC
960 AGARD ST
BENTON HARBOR MI 49022
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230021
CROSS-REFERENCE: 232304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 0870
NUMBER OF DIALYSIS STATIONS: 010

MERCY HOSPITAL
400 HOBART ST
CADILLAC MI 49601
INTERMEDIARY NO: 50230
RENAL NETWORK = 14
PROVIDER NO: 230081
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 800324 MSA: ****
NUMBER OF DIALYSIS STATIONS: 005

CDMMUNITY HEALTH CENTER
274 E CHICAGD ST
CDLDWATER MI 49036
INTERMEDIARY ND: 00210
RENAL NETWDRK = 14
PRDVIDER ND: 230022
CRDSS-REFERENCE: 232305
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05 HSA: 03
DATE APPRDVED: 770901 MSA:
NUMBER DF DIALYSIS STATIDNS: 006

CRYSTAL FALLS CDMM HDSP
MICHIGAN AND 3RD ST
CRYSTAL FALLS MI 49920
INTERMEDIARY ND: 00210
RENAL NETWDRK = 07
PRDVIDER ND: 230194
CRDSS-REFERENCE: 232326
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CITY-GDVERNMENT NDN-FEDERAL
HCFA REGIDN: 05 HSA: 08
DATE APPRDVED: 770901 MSA:
NUMBER DF DIALYSIS STATIDNS: 003

GREENFIELD HEALTH SYSTEMS CDRP
19401 HUBBARD DR
DEARBDRN MI 48126
INTERMEDIARY ND: 00210
RENAL NETWDRK = 14
PRDVIDER ND: 232507
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PROFIT
HCFA REGIDN: 05 HSA:
DATE APPRDVED: 831017 MSA: 2160
NUMBER DF DIALYSIS STATIDNS: 018

GREENFIELD HEALTH SYSTEMS CDRP-ESRD
2799 W GRAND BLVD
DETRDIT MI 48202
INTERMEDIARY ND: 00210
RENAL NETWDRK = 14
PRDVIDER ND: 232505
BACKUP HDSPITAL: 230053
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05 HSA:
DATE APPRDVED: 831017 MSA: 2160
NUMBER DF DIALYSIS STATIDNS: 027

MT CARMEL MERCY HDSPITAL AND MED CTR
6071 W DUTER DR
DETRDIT MI 48235
INTERMEDIARY ND: 00210
RENAL NETWDRK = 14
PRDVIDER ND: 230039
CRDSS-REFERENCE: 232308
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05 HSA: 01
DATE APPRDVED: 770901 MSA: 2160
NUMBER DF DIALYSIS STATIDNS: 013
TRANSPLANT-UNCDNDITIONAL

HENRY FDRD HDSPITAL
2799 W GRAND BLVD
DETRDIT MI 48202
INTERMEDIARY ND: 00210
RENAL NETWDRK = 14
PRDVIDER ND: 230053
CRDSS-REFERENCE: 232310
APPRDVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05 HSA: 01
DATE APPROVED: 831017 MSA: 2160
NUMBER DF DIALYSIS STATIDNS: 000
TRANSPLANT-UNCDNDITIDNAL

HUTZEL HDSPITAL
4707 ST ANTDINE
DETRDIT MI 48201
INTERMEDIARY ND: 00210
RENAL NETWDRK = 14
PRDVIDER ND: 230076
CRDSS-REFERENCE: 232313
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05 HSA: 01
DATE APPRDVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 005
TRANSPLANT-CDNDITIDNAL

SAMARITAN HEALTH CENTER
2200 E GRAND BLVD
DETROIT MI 48207
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230147
CROSS-REFERENCE: 232323
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 000

SAINT JOHN HOSP
22101 MOROSS RD
DETROIT MI 48236
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230165
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 800903 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 000

CHILDRENS HOSP OF MICHIGAN
3901 BEAUBIEN
DETROIT MI 48201
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230240
CROSS-REFERENCE: 232328
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 008

BIO-MEDICAL APPLICATION OF DETROIT
4727 ST ANTOINE
DETROIT MI 48201
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232500
BACKUP HOSPITAL: 230076
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 045

ST CLAIR RENAL CEMTER CORP
22151 MOROSS RD SUITE G05
DETROIT MI 48236
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232503
BACKUP HOSPITAL: 230165
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 790416 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 018

DEACONESS RENAL CENTER
10201 E JEFFERSON
DETROIT MI 48207
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 233503
BACKUP HOSPITAL: 230147
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 810102 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 024

HURLEY HOSP
6TH + BEGOLE STS
FLINT MI 48502
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230132
CROSS-REFERENCE: 232322
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 2640
NUMBER OF DIALYSIS STATIONS: 037

ST MARYS HOSP
200 JEFFERSON ST SE
GRAND RAPIDS MI 49503
INTERMEDIARY NO: 50230
RENAL NETWORK = 14
PROVIDER NO: 230059
CROSS-REFERENCE: 232312
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 04
DATE APPROVED: 770901 MSA: 3000
NUMBER OF DIALYSIS STATIONS: 035

DETROIT OSTEO HOSP
12523 3RD AVE
HIGHLAND PARK MI 48203
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230150
CROSS-REFERENCE: 232324
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 011

VA HOSP
H ST
IRON MOUNTAIN MI 49801
INTERMEDIARY NO: 99990
RENAL NETWORK = 07
PROVIDER NO: 23005F
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL
HCFA REGION: 05 HSA:
DATE APPROVED: 820306 MSA:
NUMBER OF DIALYSIS STATIONS: 002

COMMUNITY DIALYSIS SVCS OF JACKSON
1023 E GANSON ST
JACKSON MI 49202
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232504
BACKUP HOSPITAL: 230230
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 02
DATE APPROVED: 801217 MSA: 3520
NUMBER OF DIALYSIS STATIONS: 007

BRONSON METHODIST HOSPITAL
252 EAST LOVELL STREET
KALAMAZOO MI 49006
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230017
CROSS-REFERENCE: 232303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 3720
NUMBER OF DIALYSIS STATIONS: 010

BORGESS MED CTR
1521 GULL ROAD
KALAMAZOO MI 49001
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230117
CROSS-REFERENCE: 232318
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 3720
NUMBER OF DIALYSIS STATIONS: 019

EDWARD W SPARROW HOSIPAL
1215 E MICHIGAN AVENUE
LANSING MI 48912
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230230
CROSS-REFERENCE: 232327
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 4040
NUMBER OF DIALYSIS STATIONS: 020

ST MARY HOSPITAL
36475 FIVE MILE ROAD
LIVONIA MI 48154
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230002
CROSS-REFERENCE: 232301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 007

BIO MEDICAL APPL OF LIVONIA
32423 SCHOOLCRAFT RD
LIVONIA MI 48150
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232501
BACKUP HOSPITAL: 230002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 013

MARQUETTE GENERAL HOSPITAL
420 W MAGNETIC ST
MARQUETTE MI 48955
INTERMEDIARY NO: 00210
RENAL NETWORK = 07
PROVIDER NO: 230054
CROSS-REFERENCE: 232311
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 08
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 009

MOUNT CLEMENS GENERAL HOSPITAL
1000 HARRINGTON BLVD
MOUNT CLEMENS MI 48043
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230227
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 005

MERCY HOSPITAL
1500 E SHERMAN BOULEVARD
MUSKEGON MI 49443
INTERMEDIARY NO: 50230
RENAL NETWORK = 14
PROVIDER NO: 230004
CROSS-REFERENCE: 232302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 04
DATE APPROVED: 770901 MSA: 5320
NUMBER OF DIALYSIS STATIONS: 014

NORTHERN MICHIGAN HOSPITALS INC.
416 CONNABLE
PETOSKY MI 49770
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230105
CROSS-REFERENCE: 232315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 015

WILLIAM BEAUMONT HOSPITAL
3601 W 13 MILE ROAD
ROYAL OAK MI 48072
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230130
CROSS-REFERENCE: 232321
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 015

SAGINAW GENERAL HOSPITAL
1447 N HARRISON STREET
SAGINAW MI 48602
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230122
CROSS-REFERENCE: 232319
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 6960
NUMBER OF DIALYSIS STATIONS: 021

GREENFIELD HEALTH SYSTEMS CORP
2849 COTTENALE
TROY MI 48094
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232506
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 831017 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 022

WILLIAM BEAUMONT HOSPITAL
44201 DEQUINDRE
TROY MI 48098
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230269
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 800310 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 015

WAYNE COUNTY GENERAL HOSPITAL
2345 MERRIMAN RD
ELOISE MI 48132
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230098
CROSS-REFERENCE: 232314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 013

BIO-MEDICAL APPLICATIONS OF ANN ARBOR
5205 EAST HURON RIVER DRIVE
YPSILANTI WASHTENAW 48197
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232502
BACKUP HOSPITAL: 230156
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 780605 MSA: 0440
NUMBER OF DIALYSIS STATIONS: 015

NAEVE HDSPITAL ASSN
404 FDUNTAIN STREET
ALBERT LEA MN 56007
INTERMEDIARY ND: 00220
RENAL NETWDRK = 07
PROVIDER ND: 240043
CRDSS-REFERENCE: 242304
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CONDITIONAL
TYPE OF DWNERSHIP: INDIVIDUAL-NOT FDR PRDFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIDNS: 002

MILLER-DAWN HDSP MED CTR
502 E 2ND ST
DULUTH MN 55805
INTERMEDIARY ND: 00220
RENAL NETWDRK = 07
PRDVIDER ND: 240019
CRDSS-REFERENCE: 242302
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CORPDRATIDN-NDT FOR PRDFIT
HCFA REGIDN: 05 HSA: 02
DATE APPROVED: 770901 MSA: 2240
NUMBER DF DIALYSIS STATIDNS: 012

LAKE REGIDN HDSPITAL
712 SD CASCADE
FERGUS FALLS MN 56537
INTERMEDIARY NO: 00220
RENAL NETWDRK = 07
PRDVIDER ND: 240052
CRDSS-REFERENCE: 242307
APPROVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CORPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05 HSA: 03
DATE APPRDVED: 770901 MSA:
NUMBER DF DIALYSIS STATIONS: 004

CENTRAL MESABI MEDICAL CENTER
750 E 34TH ST
HIBBING MN 55746
INTERMEDIARY ND: 00220
RENAL NETWDRK = 07
PRDVIDER ND: 240040
CROSS-REFERENCE: 242303
APPROVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: DTHER-GDVERNMENT NDN-FEDERAL
HCFA REGIDN: 05 HSA: 02
DATE APPROVED: 770901 MSA: 2240
NUMBER DF DIALYSIS STATIDNS: 006

ST GABRIELS HDSPITAL
815 2ND ST SE
LITTLE FALLS MN 56345
INTERMEDIARY ND: 00220
RENAL NETWORK = 07
PROVIDER NO: 240013
CRDSS-REFERENCE: 242301
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGION: 05 HSA: 04
DATE APPRDVED: 770901 MSA:
NUMBER DF DIALYSIS STATIDNS: 008

IMMANUEL HOSP ST JDSEPHS UNIT
ST JDSEPHS UNIT 325 GORDEN BLVD
MANKATD MN 56001
INTERMEDIARY NO: 00220
RENAL NETWDRK = 07
PROVIDER ND: 240093
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIONAL
TYPE DF DWNERSHIP: CDRPDRATION-NDT FOR PRDFIT
HCFA REGIDN: 05 HSA:
DATE APPROVED: 810420 MSA:
NUMBER DF DIALYSIS STATIDNS: 005

REGIDNAL KIDNEY DISEASE PRDGRAM
701 PARK AVE
MINNEAPOLIS MN 55415
INTERMEDIARY ND: 00220
RENAL NETWORK = 07
PRDVIDER ND: 240004
CRDSS-REFERENCE: 242300
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMDDIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL TRANSPLANT-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 05 HSA: 05
DATE APPRDVED: 770901 MSA: 5120
NUMBER DF DIALYSIS STATIONS: 046

UNIVERSITY OF MINNESDTA HOSPITAL
412 UNION STREET S E
MINNEAPDLIS MN 55455
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PRDVIDER ND: 240049
CROSS-REFERENCE: 242306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGIDN: 05
DATE APPROVED: 770901
NUMBER DF DIALYSIS STATIONS: 012
TRANSPLANT-UNCONDITIONAL
HSA: 05
MSA: 5120

REGIDNAL KIDNEY DISEASE PROGRAM
900 S 8TH ST
MINNEAPOLIS MN 55404
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240196
CROSS-REFERENCE: 242312
APPRDVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER DF DIALYSIS STATIONS: 000
HSA: 05
MSA: 5120

ROCHESTER METHODIST HOSP
201 W CENTER ST
ROCHESTER MN 55901
INTERMEDIARY NO: 50240
RENAL NETWORK = 07
PROVIDER NO: 240061
CROSS-REFERENCE: 242309
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIONAL
HSA: 07
MSA: 6820

MAYO ARTIFICIAL KIDNEY COMPLEX
200 FIRST ST
ROCHESTER MN 55901
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 242500
BACKUP HOSPITAL: 240061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 022
HSA: 07
MSA:

MAYD ARTIFICIAL KIDNEY COMPLEX
200 FIRST ST
ROCHESTER MN 55901
INTERMEDIARY NO: 50240
RENAL NETWORK = 07
PROVIDER NO: 242500
BACKUP HOSPITAL: 240061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 022
HSA: 07
MSA: ****

METHODIST HOSPITAL
6500 EXCELSIOR BLVD
SAINT LOUIS PARK MN 55426
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240053
CROSS-REFERENCE: 242308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 027
HSA: 05
MSA: 5120

ST PAUL RAMSEY HOSP
640 JACKSON STREET
SAINT PAUL MN 55101
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240106
CROSS-REFERENCE: 242311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 008
HSA: 05
MSA: 5120

ST PAUL UNIT-ESRD
555 PARK ST #180
ST PAUL MN 55103
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 243501

BACKUP HOSPITAL: 240004
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA:
DATE APPROVED: 810730 MSA: 5120
NUMBER OF DIALYSIS STATIONS: 012

RICE MEM HOSP
402 W THIRD ST
WILLMAR MN 56201
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240088

CROSS-REFERENCE: 242310
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 005

COMMUNITY MEMORIAL HOSP (ESRD)
855 MANKATO AVENUE
WINONA MN 55987
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240044

CROSS-REFERENCE: 242305
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 003

KIDNEY CARE INC
PO BOX 1352
BROOKHAVEN MS 39601
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252506
BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 781113 MSA:
NUMBER OF DIALYSIS STATIONS: 009

KIDNEY CARE INC
526 THIRD ST
CLARKSDALE MS 38614
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PRDVIDER NO: 252507
BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790501 MSA:
NUMBER OF DIALYSIS STATIONS: 009

KIDNEY CARE INC
2104 5TH ST N SUITE 2
COLUMBUS MS 39701
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252508
BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NDT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790625 MSA:
NUMBER OF DIALYSIS STATIONS: 011

NORTH MS DIALYSIS SERVICE
810 ALCORN DR
CORINTH MS 38834
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252518
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830202 MSA:
NUMBER OF DIALYSIS STATIONS: 004

KIDNEY CARE INC GREENVILLE
1317 RAILROAD AVENUE
GREENVILLE MS 38701
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252503
BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 018

KIDNEY CARE INC GREENWOOD
501 TALLAHATCHIE ST
GREENWOOD MS 38930
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252514
BACKUP HOSPITAL: 250099
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 821122 MSA:
NUMBER OF DIALYSIS STATIONS: 010

CAPT JAMES HILL ESRD UNIT
4500 13TH ST
GULFPORT MS 39501
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 250019
CROSS-REFERENCE: 252307
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY/COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 01
DATE APPROVED: 810105 MSA: 0920
NUMBER OF DIALYSIS STATIONS: 020

HATTIESBURG CLINIC ESRD
415 S 28TH AV
HATTIESBURG MS 39401
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PRDVIDER NO: 252502
BACKUP HOSPITAL: 250001
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMDDIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CDRPDRATION-FDR PRDFIT
HCFA REGION: 04 HSA: 01
OATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 019

UNIVERSITY MEDICAL DIALYSIS UNIT
2500 S STATE ST
JACKSON MS 39216
INTERMEOIARY ND: 00230
RENAL NETWORK = 18
PROVIDER ND: 250001
CROSS-REFERENCE: 252300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEOERAL
HCFA REGION: 04 HSA: 01
OATE APPROVEO: 760901 MSA: 3560
NUMBER OF DIALYSIS STATIONS: 014
TRANSPLANT-UNCONDITIONAL

KIDNEY CARE INC
3304 N. STATE ST, BDX 4740
JACKSON MS 39216
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252501
BACKUP HOSPITAL: 250001
APPRDVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: CORPORATION-NOT FOR PRDFIT
HCFA REGION: 04 HSA: 01
DATE APPROVEO: 760901 MSA: 3560
NUMBER OF DIALYSIS STATIONS: 029

CENTRAL DIALYSIS UNIT INC
971 LAKELAND SUITE 410
JACKSON MS 39216
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252505
BACKUP HDSPITAL: 250001
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: CORPDRATIDN-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVEO: 771207 MSA: 3560
NUMBER DF DIALYSIS STATIONS: 018

LAUREL RENAL DIALYSIS CENTER
859 S 13TH AV
LAUREL MS 39440
INTERMEDIARY NO: 00230
RENAL NETWDRK = 18
PRDVIDER ND: 252510
BACKUP HOSPITAL: 250078
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVEO: 810413 MSA:
NUMBER OF OIALYSIS STATIONS: 008

KIDNEY CARE INC
1512 20TH AVE
MERIDIAN MS 39301
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252504
BACKUP HOSPITAL: 250001
APPRDVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPDRATIDN-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA:
NUMBER OF OIALYSIS STATIONS: 018

KIDNEY CARE INC NATCHEZ
PO BOX 2024 517 HIGHLAND BOULEVA
NATCHEZ MS 39120
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PRDVIDER NO: 252515
BACKUP HOSPITAL: 250084
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVEO: 821129 MSA: ****
NUMBER OF DIALYSIS STATIONS: 007

OCEAN SPRINGS DIALYSIS CENTER
3009 BIENVILLE BLVD
OCEAN SPRINGS MS 39564
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252519
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 821101 MSA: 6025
NUMBER OF DIALYSIS STATIONS: 004

NORTH MS DIALYSIS SERVICES
1207 BELK ST
OXFORD MS 38655
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252511
BACKUP HOSPITAL: 250004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820301 MSA:
NUMBER OF DIALYSIS STATIONS: 004

SINGING RIVER DIALYSIS CENTER
2809 DENNY AVE
PASCAGOULA MS 39567
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252516
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 821101 MSA: 6025
NUMBER OF DIALYSIS STATIONS: 008

SINGING RIVER HOSP
2809 DENNY AVENUE
PASCAGOULA MS 39567
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 250040
CROSS-REFERENCE: 252303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 6025
NUMBER OF DIALYSIS STATIONS: 012

KIDNEY CARE INC
ROUTE 7,BOX R-50
PHILADELPHIA MS 39350
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252520
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830608 MSA:
NUMBER OF DIALYSIS STATIONS: 004

PEARL RIVER RENAL DIALYSIS CENTER
139 KIRKWOOD ST
PICAYUNE MS 39466
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252517
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830209 MSA:
NUMBER OF DIALYSIS STATIONS: 003

KIDNEY CARE INC
7887 HIGHWAY 51 SOUTH
SOUTHAVEN MS 38671
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252512
BACKUP HOSPITAL: 440168
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820628 MSA: 4920
NUMBER OF DIALYSIS STATIONS: 006

NORTH MISSISSIPPI DIALYSIS SERVICES IN
409 GARFIELD ST
TUPELO MS 38801
INTERMEDIARY ND: 00230
RENAL NETWORK = 18
PROVIDER NO: 252513

APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CORPDRATIDN-NDT FDR PRDFIT

HCFA REGIDN: 04
DATE APPRDVED: 830101
NUMBER DF DIALYSIS STATIDNS: 019
HSA:
MSA: ****

KIDNEY CARE VICKSBURG
500 GROVE ST
VICKSBURG MS 39180
INTERMEDIARY ND: 00230
RENAL NETWDRK = 18
PROVIDER ND: 252509

BACKUP HDSPITAL: 250001
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIDNAL
TYPE OF DWNERSHIP: CORPDRATIDN-NDT FDR PROFIT

HCFA REGIDN: 04
DATE APPROVED: 801027
NUMBER OF DIALYSIS STATIDNS: 005
HSA:
MSA:

BLUE SPRINGS DIALYSIS CENTER
205 WEST R.D. MIZE RD
BLUE SPRINGS MD 64015
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262511
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITDNEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF OWNERSHIP: CORPORATION-NOT FDR PRDFIT
HCFA REGIDN: 07
DATE APPRDVED: 830404
NUMBER DF DIALYSIS STATIDNS: 008
HSA:
MSA: 3760

ST LDUIS REGIONAL DIALYSIS CTR
3469 BRIDGELAND DR
BRIDGETON MD 63044
INTERMEDIARY NO: 00241
RENAL NETWDRK = 09
PROVIDER NO: 262507
BACKUP HOSPITAL: 260105
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CORPORATIDN-NDT FOR PROFIT
HCFA REGION: 07
DATE APPRDVED: 810413
NUMBER DF DIALYSIS STATIONS: 012
HSA:
MSA: 7040

UNIV DF MISSOURI HOSP AND CLINICS
807 STADIUM RD
CDLUMBIA MO 65201
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PRDVIDER NO: 260141
CRDSS-REFERENCE: 262314
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GDVERNMENT NON-FEDERAL
HCFA REGIDN: 07
DATE APPROVED: 770630
NUMBER DF DIALYSIS STATIDNS: 004
TRANSPLANT-CDNDITIDNAL
HSA: 02
MSA: 1740

DIALYSIS CLINICS INC
1805 EAST WALNUT
CDLUMBIA MO 65201
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PRDVIDER NO: 262506
BACKUP HOSPITAL: 260141
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE DF DWNERSHIP: CORPORATIDN-NOT FDR PROFIT
HCFA REGION: 07
DATE APPRDVED: 790709
NUMBER DF DIALYSIS STATIDNS: 015
HSA:
MSA: 1740

ST MARY'S HEALTH CTR
610 W ELM ST
JEFFERSON CITY MO 65101
INTERMEDIARY NO: 00241
RENAL NETWDRK = 09
PRDVIDER NO: 260011
CRDSS-REFERENCE: 262301
APPRDVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPORATION-NOT FDR PROFIT
HCFA REGIDN: 07
DATE APPROVED: 770606
NUMBER DF DIALYSIS STATIDNS: 004
HSA: 02
MSA:

ST JOHNS HOSP
2727 MCCLELLAND BLVD
JOPLIN MO 64801
INTERMEDIARY NO: 52280
RENAL NETWORK = 09
PROVIDER NO: 260001
CROSS-REFERENCE: 262300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07
DATE APPROVED: 770620
NUMBER OF DIALYSIS STATIONS: 010
HSA: 04
MSA: 3710

RESEARCH HDSP & MEDICAL CENTER
2316 E MEYER BLDG
KANSAS CITY MO 64132
INTERMEDIARY NO: 00240
RENAL NETWORK = 09
PROVIDER NO: 260027
CROSS-REFERENCE: 262304
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07
DATE APPROVED: 830926
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-UNCONDITIONAL
HSA: 01
MSA: 3760

ST LUKES HOSPITAL
WORNALL RD & 44TH ST
KANSAS CITY MO 64141
INTERMEDIARY NO: 00240
RENAL NETWORK = 09
PROVIDER NO: 260138
CROSS-REFERENCE: 262313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 01
DATE APPROVED: 770630 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 028

KANSAS CITY DIALYSIS AND TRANSPLANT
1734 E 63RD
KANSAS CITY MO 64110
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262501
BACKUP HOSPITAL: 260027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 01
DATE APPROVED: 770620 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 025

DIALYSIS CLINICS INC
304 SOUTH FRANKLIN
KIRKSVILLE MO 63501
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262505
BACKUP HOSPITAL: 260141
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVED: 790613 MSA: ****
NUMBER OF DIALYSIS STATIONS: 006

COMM DIALYSIS SERV OF NORTHLAND
2709 HOSPITAL DR
N KANSAS CITY MO 64116
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262504
BACKUP HOSPITAL: 260027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVED: 790713 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 010

BARNES HOSP
BARNES HOSPITAL PLAZA
SAINT LOUIS MO 63110
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260014
CROSS-REFERENCE: 262302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 03
DATE APPROVED: 800826 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 006

DEACONESS HOSP
6150 OAKLAND AVE
SAINT LOUIS MO 63139
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260021
CROSS-REFERENCE: 262303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 03
DATE APPROVED: 770718 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 012

JEWISH HOSP OF ST LOUIS
216 S KINGSHIGHWAY
SAINT LOUIS MO 63110
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260032
CROSS-REFERENCE: 262305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 03
DATE APPROVED: 770629 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 007

ST LOUIS CHILDREN@S HOSP
500 S KINGSHIGHWAY
SAINT LOUIS MO 63110
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260101

CROSS-REFERENCE: 262309
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770630 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 007

ST LOUIS UNIVERSITY HOSPS
1325 S GRAND BLVD
SAINT LOUIS MO 63104
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260105

CROSS-REFERENCE: 262310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770706 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 004

ST LOUIS CITY HOSP
1515 LAFAYETTE AVE
SAINT LOUIS MO 63104
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260150

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 820115 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 005

RENAL DIALYSIS INC
1320 S GRAND AVE
SAINT LOUIS MO 63104
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262503

BACKUP HOSPITAL: 260105
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770613 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 024

AFFILIATED HOSPITAL DIALYSIS
1031 EXECUTIVE PARKWAY
SAINT LOUIS MO 63141
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262508

BACKUP HOSPITAL: 260021
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 810724 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 012

METRO NORTH DIALYSIS CTR INC
2870 NETHERTON RD
ST LOUIS MO 63136
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262509

BACKUP HOSPITAL: 260021
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 811113 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 006

DEACONESS SOUTH DIALYSIS CTR
4145 UNION RD
ST LOUIS MO 63129
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262510

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 830228 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 009

CHROMALLOY AMERICAN/ST ANTHONY'S FAC
10016 KENNERLY RD
ST LOUIS MO 63128
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262512
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVED: 830829 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 006

SALEM MEM DISTRICT HOSP
HWY 72 N PO BOX 760
SALEM MO 65560
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260172
CROSS-REFERENCE: 262315
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 07 HSA: 05
DATE APPROVED: 770624 MSA:
NUMBER OF DIALYSIS STATIONS: 004

MISSOURI DELTA COMM HOSP
HIGHWAY 61 N
SIKESTON MO 63801
INTERMEDIARY NO: 00241
RENAL NETWORK = 18
PROVIDER NO: 260113
CROSS-REFERENCE: 262311
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 05
DATE APPROVED: 770830 MSA:
NUMBER OF DIALYSIS STATIONS: 008

COX MEDICAL CTR
1432 N JEFFERSON ST
SPRINGFIELD MO 65802
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260040
CROSS-REFERENCE: 262306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 04
DATE APPROVED: 770718 MSA: 7920
NUMBER OF DIALYSIS STATIONS: 019

METHODIST HOSP & MEDICAL CENTER
7TH-9TH ON FARRON
ST JOSEPH MO 64501
INTERMEDIARY NO: 00240
RENAL NETWORK = 09
PROVIDER NO: 260006
CROSS-REFERENCE: 262316
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-NOT FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVED: 791203 MSA: 7000
NUMBER OF DIALYSIS STATIONS: 004

VA HOSP
915 GRANT
ST LOUIS MO 63125
INTERMEDIARY NO: 99990
RENAL NETWORK = 09
PROVIDER NO: 26009F
CROSS-REFERENCE: 262307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL
HCFA REGION: 07 HSA: 03
DATE APPROVED: 770718 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 013

CHROMALLY AMERICAN KIDNEY CENTER
4949 BARNES HOSPITAL PLAZA
ST LOUIS MO 63110
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262502
BACKUP HOSPITAL: 260014
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 03
DATE APPROVED: 770713 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 028

NORTHERN ROCKIES KIDNEY CTR.
2813 9TH AVE N
BILLINGS MT 59103
INTERMEDIARY NO: 00250
RENAL NETWORK = 02
PROVIDER NO: 270004

CROSS-REFERENCE: 272301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA: 0880
NUMBER OF DIALYSIS STATIONS: 012

COLUMBUS HOSP
500 15TH AVE NORTH
GREAT FALLS MT 59403
INTERMEDIARY NO: 00250
RENAL NETWORK = 02
PROVIDER NO: 270013

CROSS-REFERENCE: 272302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA: 3040
NUMBER OF DIALYSIS STATIONS: 007

ST PETERS COMM HOSP
2475 BROADWAY
HELENA MT 59601
INTERMEDIARY NO: 00250
RENAL NETWORK = 02
PROVIDER NO: 270003

CROSS-REFERENCE: 272300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA:
NUMBER OF DIALYSIS STATIONS: 005

ST PATRICK HOSPITAL
500 WEST BROADWAY
MISSOULA MT 59801
INTERMEDIARY NO: 00250
RENAL NETWORK = 02
PROVIDER NO: 270014

CROSS-REFERENCE: 272303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA:
NUMBER OF DIALYSIS STATIONS: 004

MEMORIAL HOSPITAL
1423 7TH ST
AURORA NE 68818
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280074

CROSS-REFERENCE: 282307
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 760911 MSA:
NUMBER OF DIALYSIS STATIONS: 005

GOOD SAMARITAN HOSP
31ST + CENTRAL AVE
KEARNEY NE 68847
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280009

CROSS-REFERENCE: 282300
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770615 MSA:
NUMBER OF DIALYSIS STATIONS: 006

ST ELIZABETH COMM HEALTH CENTER
555 70TH ST
LINCOLN NE 68510
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280020

CROSS-REFERENCE: 282302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 02
DATE APPROVED: 770613 MSA: 4360
NUMBER OF DIALYSIS STATIONS: 007

LUTHERAN COMM HOSP
2700 NORFOLK AVE
NORFOLK NE 68701
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280034

CROSS-REFERENCE: 282304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770613 MSA:
NUMBER OF DIALYSIS STATIONS: 005

GREAT PLAINS MED CTR
601 WEST LEOTA STREET
NORTH PLATTE NE 69101
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280065

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 780309 MSA:
NUMBER OF DIALYSIS STATIONS: 004

ST JOSEPH HOSP
601 N 30TH ST
OMAHA NE 68108
INTERMEDIARY NO: 52280
RENAL NETWORK = 08
PROVIDER NO: 280030

CROSS-REFERENCE: 282303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770723 MSA: 5920
NUMBER OF DIALYSIS STATIONS: 009

BISHOP CLARKSON MEM HOSP (ESRD)
DEWEY AVE AT 44TH ST
OMAHA NE 68105
INTERMEDIARY NO: 52280
RENAL NETWORK = 08
PROVIDER NO: 280088

CROSS-REFERENCE: 282308
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770719 MSA: 5920
NUMBER OF DIALYSIS STATIONS: 023

WEST NEBRASKA GEN HOSP
36TH & AVE D
SCOTTSBLUFF NE 69361
INTERMEDIARY NO: 00260
RENAL NETWORK = 05
PROVIDER NO: 280061

CROSS-REFERENCE: 282306
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07
DATE APPROVED: 770601
NUMBER OF DIALYSIS STATIONS: 005

HSA: 01
MSA:

SOUTHERN NEVADA MEMORIAL HOSPITAL
1800 WEST CHARLESTON BLVD
LAS VEGAS NV 89102
INTERMEDIARY NO: 51290
RENAL NETWORK = 04
PROVIDER NO: 290007

CROSS-REFERENCE: 292302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 02
DATE APPROVED: 770808 MSA: 4120
NUMBER OF DIALYSIS STATIONS: 017

RENAL DIALYSIS CTR OF LAS VEGAS
3186 MARYLAND PARKWAY #401
LAS VEGAS NV 89109
INTERMEDIARY NO: 51290
RENAL NETWORK = 04
PROVIDER NO: 292500

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 830507 MSA: 4120
NUMBER OF DIALYSIS STATIONS: 020

WASHOE MEDICAL CENTER
77 PRINGLE WAY
RENO NV 89520
INTERMEDIARY NO: 51290
RENAL NETWORK = 03
PROVIDER NO: 290001

CROSS-REFERENCE: 292300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 01
DATE APPROVED: 770811 MSA: 6720
NUMBER OF DIALYSIS STATIONS: 010

CONCORD DIALYSIS CENTER
280 PLEASANT STREET
CONCORD NH 03301
INTERMEDIARY NO: 00270
RENAL NETWORK = 28
PROVIDER NO: 302500

BACKUP HOSPITAL: 470003
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 4763
NUMBER OF DIALYSIS STATIONS: 013

SEACOAST DIALYSIS INC
280 PLEASANT ST
CONCORD NH 03301
INTERMEDIARY NO: 00270
RENAL NETWORK = 28
PROVIDER NO: 302501

BACKUP HOSPITAL: 300018
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 811113 MSA: 4763
NUMBER OF DIALYSIS STATIONS: 007

MARY HITCHCOCK MEMORIAL HOSPITAL
2 MAYNARD STREET
HANOVER NH 03755
INTERMEDIARY NO: 00270
RENAL NETWORK = 28
PROVIDER NO: 300003

CROSS-REFERENCE: 302301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 801103 MSA:
NUMBER OF DIALYSIS STATIONS: 005

NASHUA MEMORIAL HOSPITAL
8 PROSPECT STREET
NASHUA NH 03060
INTERMEDIARY NO: 00270
RENAL NETWORK = 28
PROVIDER NO: 300020

CROSS-REFERENCE: 302300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 4763
NUMBER OF DIALYSIS STATIONS: 006

OUR LADY OF LOURDES HOSPITAL
1600 HADDON AVENUE
CAMDEN NJ 08103
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310029
CROSS-REFERENCE: 312305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 05
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 022

EAST ORANGE GENERAL HOSP
300 CENTRAL AVE
EAST ORANGE NJ 07018
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310083
CROSS-REFERENCE: 312314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 006

EAST ORANGE DIALYSIS FACILITY
81 CENTRAL AVE
EAST ORANGE NJ 07018
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 312505
BACKUP HOSPITAL: 310083
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770315 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 014

ALEXIAN BROTHERS HOSPITAL
655 EAST JERSEY ST
ELIZABETH NJ 07206
INTERMEDIARY NO: 51140
RENAL NETWORK = 32
PROVIDER NO: 310033
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 790212 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 007

HACKENSACK HOSP ASSOCIATION
22 HOSPITAL PLACE
HACKENSACK NJ 07601
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310001
CROSS-REFERENCE: 312300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 0875
NUMBER OF DIALYSIS STATIONS: 006

RUTH KLIMAN DIALYSIS CENTER
BLOY ST AND RAMSEY AVE
HILLSIDE NJ 07205
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 312506
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 800331 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 020

BIOMEDICAL LIFE SUPPORT INC
1071 SPRINGFIELD AVE
IRVINGTON NJ 07111
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 312501
BACKUP HOSPITAL: 310076
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 012

JERSEY CITY MEDICAL CENTER
50 BALDWIN AVE
JERSEY CITY NJ 07304
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310074
CROSS-REFERENCE: 312310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 03
DATE APPROVED: 770901 MSA: 3640
NUMBER OF DIALYSIS STATIONS: 006

BMA OF JERSEY CITY
45 JONES ST
JERSEY CITY NJ 07306
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 312502
BACKUP HOSPITAL: 310074
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA: 03
DATE APPROVED: 770901 MSA: 3640
NUMBER OF DIALYSIS STATIONS: 020

ST BARNABAS MEDICAL CENTER
OLD SHORT HILLS RD
LIVINGSTON NJ 07039
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310076
CROSS-REFERENCE: 312312
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 015
TRANSPLANT-UNCONDITIONAL

MONMOUTH MEDICAL CENTER
300 2ND AVE
LONG BRANCH NJ 07740
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310075
CROSS-REFERENCE: 312311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 04
DATE APPROVED: 770901 MSA: 5190
NUMBER OF DIALYSIS STATIONS: 023

MORRISTOWN MEMORIAL HOSP
100 MADISON AVE
MORRISTOWN NJ 07960
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310015
CROSS-REFERENCE: 312303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 008

JERSEY SHORE MEDICAL CENTER
1945 CORLIES AVE
NEPTUNE NJ 07753
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310073
CROSS-REFERENCE: 312309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 04
DATE APPROVED: 770901 MSA: 5190
NUMBER OF DIALYSIS STATIONS: 014

MIDDLESEX GEN HOSP
180 SOMERSET ST
NEW BRUNSWICK NJ 08901
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310038
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 800325 MSA: 5015
NUMBER OF DIALYSIS STATIONS: 006

NEWARK BETH ISRAEL MEDICAL CENTER
201 LYONS AVE
NEWARK NJ 07112
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310002
CROSS-REFERENCE: 312301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 022

ESRD FACILITY-COLLEGE HOSP-CMONS
100 BERGEN ST
NEWARK NJ 07107
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310082
CROSS-REFERENCE: 312313
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 006

ST MICHAELS MEDICAL CENTER
306 HIGH STREET
NEWARK NJ 07102
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310096
CROSS-REFERENCE: 312316
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 005

ST JOSEPHS HOSP
703 MAIN ST
PATERSON NJ 07503
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310019
CROSS-REFERENCE: 312304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 0875
NUMBER OF DIALYSIS STATIONS: 020

RARITAN BAY HEALTH SERVICES CORP
530 NEW BRUNSWICK AVE
PERTH AMBOY NJ 08861
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310039
CROSS-REFERENCE: 312306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 04
DATE APPROVED: 770901 MSA: 5015
NUMBER OF DIALYSIS STATIONS: 015

LIFE SUPPORT SYSTEMS-MORRIS COUNTY
PO BOX 643 1 HOOK MOUNTAIN ROAD
PINE BROOK NJ 07058
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 312503
BACKUP HOSPITAL: 310076
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 020

MUHLENBERG HOSP
PARK AVE RANDOLPH RD
PLAINFIELD NJ 07060
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310063
CROSS-REFERENCE: 312308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 013

SHORE MEMORIAL HOSP
NEW YORK & SUNNY AVES
SOMERS POINT NJ 08244
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310047

CROSS-REFERENCE: 312307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 05
DATE APPROVED: 770901 MSA: 0560
NUMBER OF DIALYSIS STATIONS: 015

HOLY NAME HOSP
718 TEANECK RD
TEANECK NJ 07666
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310008

CROSS-REFERENCE: 312302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 0875
NUMBER OF DIALYSIS STATIONS: 036

COMMUNITY MEMORIAL HOSP
RT 37
TOMS RIVER NJ 08753
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310041

APPROVED AS: OIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 05
DATE APPROVED: 810819 MSA: 5190
NUMBER OF DIALYSIS STATIONS: 009

HELENE FULD MEDICAL CENTER
750 BRUNSWICK AVE
TRENTON NJ 08638
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310092

CROSS-REFERENCE: 312315
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 04
DATE APPROVED: 770901 MSA: 8480
NUMBER OF DIALYSIS STATIONS: 010

BMA OF TRENTON INC
40 FULD STREET
TRENTON NJ 08638
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 312504

BACKUP HOSPITAL: 310092
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA: 04
DATE APPROVEO: 770901 MSA: 8480
NUMBER OF DIALYSIS STATIONS: 020

NEW MEXICO ARTIFICIAL KIDNEY CENTER
400 WALTER N E
ALBUQUERQUE NM 87102
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322500

BACKUP HOSPITAL: 320017
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 015

UNIV OF NEW MEXICO HOSP
511 CENTRAL AVE NE
ALBUQUERQUE NM 87106
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320001

CROSS-REFERENCE: 322300
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 01
DATE APPROVED: 830501 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-UNCONDITIONAL

BATAAN MEM HOSP
5400 GIBSON SE
ALBUQUERQUE NM 87108
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320019

CROSS-REFERENCE: 322301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 009

VA HOSP
2100 RIDGECREST DR SE
ALBUQUERQUE NM 87108
INTERMEDIARY NO: 99990
RENAL NETWORK = 06
PROVIDER NO: 32005F

CROSS-REFERENCE: 322305
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 018

ALBUQUERQUE KIDNEY CENTER
11296 LOMAS BLVD NE
ALBUQUERQUE NM 87123
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322504

BACKUP HOSPITAL: 320001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 811008 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 010

DIALYSIS CLINIC INC
1511 CENTRAL AVE NE
ALBUQUERQUE NM 87106
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322506

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 830501 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 008

GUADALUPE MEDICAL CTR
2430 W PIERCE ST
CARLSBAD NM 88220
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320063

CROSS-REFERENCE: 322307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 791112 MSA:
NUMBER OF DIALYSIS STATIONS: 004

CLOVIS HIGH PLAINS HOSP
2100 N THOMAS
CLOVIS NM 88101
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320022
CROSS-REFERENCE: 322303
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 006
HSA: 01
MSA:

FOUR CORNERS DIALYSIS CTR.
657 N MAPLE
FARMINGTON NM 87401
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322503
BACKUP HOSPITAL: 320017
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 790820
NUMBER OF DIALYSIS STATIONS: 008
HSA:
MSA:

REHOBOTH CHRISTIAN HOSP
VANDEN BOSCH PARKWAY
GALLUP NM 87301
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320036
CROSS-REFERENCE: 322304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 004
HSA: 01
MSA:

SOUTHERN NM REGIONAL DIALYSIS CTR
1001 N SOLANO DRIVE
LAS CRUCES NM 88001
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322505
BACKUP HOSPITAL: 320001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 811208
NUMBER OF DIALYSIS STATIONS: 012
HSA:
MSA: 4100

EASTERN N M MEDICAL CENTER
405 W COUNTRY CLUB RD
ROSWELL NM 88201
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320006
CROSS-REFERENCE: 322306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 790702
NUMBER OF DIALYSIS STATIONS: 004
HSA:
MSA:

SANTA FE DIALYSIS CENTERS INC
1650 HOSPITAL DR
SANTA FE NM 87501
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322501
BACKUP HOSPITAL: 320001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 780109
NUMBER OF DIALYSIS STATIONS: 011
HSA: 01
MSA:

ALBANY MEM HOSP
NORTHERN BLVD
ALBANY NY 12204
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330003
CROSS-REFERENCE: 332301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 05
DATE APPROVED: 770901 MSA: 0160
NUMBER OF DIALYSIS STATIONS: 007

ALBANY MED CTR HOSP
NEW SCOTLAND AV
ALBANY NY 12208
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330013
CROSS-REFERENCE: 332306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 05
DATE APPROVED: 770901 MSA: 0160
NUMBER OF DIALYSIS STATIONS: 018
TRANSPLANT-UNCONDITIONAL

GOOD SAMARITAN CHRONIC DIALYSIS CENTER
929 SUNRISE HIGHWAY
BAY SHORE SUFFOLK NY 11706
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332507
BACKUP HOSPITAL: 330286
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 08
DATE APPROVED: 770901 MSA: 5380
NUMBER OF DIALYSIS STATIONS: 014

BINGHAMTON GEN HOSP
MITCHELL AVE
BINGHAMTON NY 13903
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330087
CROSS-REFERENCE: 332317
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 04
DATE APPROVED: 770901 MSA: 0960
NUMBER OF DIALYSIS STATIONS: 005

BRONX-LEBANON HOSP CTR
1650 GRAND CONCOURSE
BRONX NY 10457
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330009
CROSS-REFERENCE: 332304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 004

MONTEFIORE HOSP
111 E 210TH ST
BRONX NY 10467
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330059
CROSS-REFERENCE: 332313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 011
TRANSPLANT-UNCONDITIONAL

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600 EAST 233RD ST
600 EAST 233RD STREET
BRONX NY 10466
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330072
CROSS-REFERENCE: 332316
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

ST BARNABAS HOSP ESRO UNIT
4422 THIRD AVE
BRONX NY 10457
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332009
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 810807 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

BRONX DIALYSIS CENTER
376 GUN HILL RD
BRONX NY 10467
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332503
BACKUP HOSPITAL: 330059
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 042

BAUMRITTER KIDNEY CENTER
1200 VAN NEST AVE
BRONX NY 10461
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332505
BACKUP HOSPITAL: 330059
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 012

SOUTH BRONX KIDNEY CENTER
1834 WEBSTER AVE
BRONX NY 10457
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332506
BACKUP HOSPITAL: 330009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 020

BROOKLYN HOSP
121 DEKALB AVE
BROOKLYN NY 11201
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330056
CROSS-REFERENCE: 332312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 008

LONG ISLAND COLLEGE HOSP
340 HENRY ST
BROOKLYN NY 11201
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330152
CROSS-REFERENCE: 332333
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 023

MAIMONIDES MEDICAL CENTER
4802 TENTH AVENUE
BROOKLYN NY 11219
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330194
CROSS-REFERENCE: 332340
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 007

CONEY ISLAND HOSP
2601 OCEAN PKWY
BROOKLYN NY 11235
INTERMEDIARY NO: 99990
RENAL NETWORK = 25
PROVIDER NO: 330196
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP:
HCFA REGION: 02 HSA:
DATE APPROVED: 810514 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

KINGSBROOK JEWISH MEDICAL CENTER
86 E 49TH ST RUTLAND RD
BROOKLYN NY 11203
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330201
CROSS-REFERENCE: 332345
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

KINGS CO HOSP CENTER
451 CLARKSON AVE
BROOKLYN NY 11203
INTERMEDIARY NO: 99990
RENAL NETWORK = 25
PROVIDER NO: 330202
CROSS-REFERENCE: 332346
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 016

BROOKDALE HOSP MEDICAL CENTER
LINDEN BLVD. AT BROOKDALE PLAZA
BROOKLYN NY 11212
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330233
CROSS-REFERENCE: 332352
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 009

LUTHERAN MEDICAL CENTER
150-55TH STREET
BROOKLYN NY 11220
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 830125 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

DOWNSTATE MEDICAL CENTER
445 LENOXX RD
BROOKLYN NY 11203
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330350
CROSS-REFERENCE: 332364
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIONAL

INTERFAITH MEDICAL CENTER
555 PROSPECT PLACE
BROOKLYN NY 11238
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330397
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 830101 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 031

NEPHROLOGY FOUNDATION OF BROOKLYN
342-44 FLATBUSH AVE
BROOKLYN NY 11238
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332512
BACKUP HOSPITAL: 330350
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 791212 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 020

SOUTH BROOKLYN NEPHROLOGY CTR INC.
39-15 AVENUE V
BROOKLYN NY 11234
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332516
BACKUP HOSPITAL: 330201
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 810720 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 020

BROOKLYN KIDNEY CENTER
184 STERLING ST
BROOKLYN NY 11217
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 333501
BACKUP HOSPITAL: 330056
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 022

BUFFALO GENERAL HOSP
100 HIGH ST
BUFFALO NY 14203
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330005
BACKUP HOSPITAL: U
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 1280
NUMBER OF DIALYSIS STATIONS: 008

MILLARD FILLMORE HOSP
3 GATES CIRCLE
BUFFALO NY 14209
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330118
CROSS-REFERENCE: 332323
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 1280
NUMBER OF DIALYSIS STATIONS: 008

ERIE CO MED CTR
462 GRIDER ST
BUFFALO NY 14215
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330219
CROSS-REFERENCE: 332350
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 1280
NUMBER OF DIALYSIS STATIONS: 008

ROSWELL PARK MEM INSTITUTE
666 ELM ST
BUFFALO NY 14203
INTERMEDIARY NO: 99990
RENAL NETWORK = 26
PROVIDER NO: 330354
CROSS-REFERENCE: 332365
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 1280
NUMBER OF DIALYSIS STATIONS: 005

CHILDRENS HOSP
219 BRYANT ST
BUFFALO NY 14222
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330377
CROSS-REFERENCE: 332367
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-EXCEPTION
HSA: 01
MSA: 1280

WESTERN NY ARTIFICIAL KIDNEY CENTER
237 LINWOOD AVENUE
BUFFALO NY 14209
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 332510
BACKUP HOSPITAL: 330219
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 790327
NUMBER OF DIALYSIS STATIONS: 010
HSA:
MSA: 1280

THE MARY IMOGENE BASSETT HOSP
ATWELL RD
COOPERSTOWN NY 13326
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330136
CROSS-REFERENCE: 332329
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 004
HSA: 05
MSA:

NASSAU CO MED CTR
2201 HEMPSTEAD TNPK
EAST MEADOW NY 11554
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330027
CROSS-REFERENCE: 332308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 015
HSA: 08
MSA: 5380

ARNOT OGDEN MEMORIAL HOSP
ROE AVE GROVE ST
ELMIRA NY 14901
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330090
CROSS-REFERENCE: 332318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 008
HSA: 02
MSA: 2335

ST JOHN'S EPISCOPAL HOSP (ESRD)
20-12 MOTT AVE
FAR ROCKAWAY NY 11691
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330382
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 810721
NUMBER OF DIALYSIS STATIONS: 010
HSA:
MSA: 5600

BOOTH MEMORIAL HOSP
MAIN ST AT BOOTH MEM AVE
FLUSHING NY 11355
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330055
CROSS-REFERENCE: 332311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 003
HSA: 07
MSA: 5600

CITY HOSP CENTER AT ELMHURST
7901 BROADWAY
QUEENS ELMHURST NY 11317
INTERMEDIARY NO: 99990
RENAL NETWORK = 25
PROVIDER NO: 330128
CROSS-REFERENCE: 332328
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 009
HSA: 07
MSA: 5600

BOOTH MEMORIAL HOSP SATELLITE
56-33 MAIN ST
FLUSHING NY 11355
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332508
BACKUP HOSPITAL: 330055
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 020
HSA: 07
MSA: 5600

LYDIA E HALL HOSP
4802 TENTH AVE
FREEPORT NY 11520
INTERMEDIARY NO: 99990
RENAL NETWORK = 25
PROVIDER NO: 330323
CROSS-REFERENCE: 332363
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 010
HSA: 08
MSA: 5380

GLENS FALLS HOSPITAL
100 PARK STREET
GLENS FALLS NY 12801
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330191
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 800710
NUMBER OF DIALYSIS STATIONS: 004
HSA:
MSA: 2975

SOUTH SHORE DIALYSIS CENTER INC
160 N FRANKLIN AVE
HEMPSTEAD NY 11550
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332521
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 831020
NUMBER OF DIALYSIS STATIONS: 016
HSA:
MSA: 5380

HUNTINGTON HOSP
270 PARK AVE
HUNTINGTON NY 11743
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330045
CROSS-REFERENCE: 332310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 004
HSA: 08
MSA: 5380

HUNTINGTON ARTIFICIAL KIDNEY CENTER
236 BROADWAY
HUNTINGTON NY 11743
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332513
BACKUP HOSPITAL: 330045
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 02
DATE APPROVED: 791219
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA: 5380

QUEENS ARTIFICIAL KIDNEY CTR
34-35 7OTH ST
JACKSON HEIGHTS NY 11372
INTERMEDIARY NO: 99990
RENAL NETWDRK = 25
PRDVIDER ND: 332501
BACKUP HDSPITAL: 330128
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: PARTNERSHIP-FDR PRDFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER DF DIALYSIS STATIDNS: 052

WOMANS CHRISTIAN ASSDC HDSP
207 FODTE AVE
JAMESTDWN NY 14701
INTERMEDIARY ND: 00308
RENAL NETWDRK = 26
PRDVIDER ND: 330239
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIDNAL
TYPE DF DWNERSHIP: DTHER-NOT FDR PROFIT
HCFA REGIDN: 02 HSA:
DATE APPRDVED: 800226 MSA:
NUMBER DF DIALYSIS STATIDNS: 006

C S WILSON MEMDRIAL HDSPITAL
33 57 HARRISDN STREET
JDHNSDN CITY NY 13790
INTERMEDIARY ND: 00308
RENAL NETWORK = 26
PRDVIDER ND: 330098
CRDSS-REFERENCE: 332320
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPORATIDN-NOT FOR PRDFIT
HCFA REGIDN: 02 HSA: 04
DATE APPRDVED: 770901 MSA: 0960
NUMBER OF DIALYSIS STATIONS: 004

KINGSTDN HDSP
396 BRDADWAY
KINGSTDN NY 12401
INTERMEDIARY NO: 00308
RENAL NETWDRK = 25
PROVIDER ND: 330004
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 02 HSA: 06
DATE APPRDVED: 770720 MSA:
NUMBER DF DIALYSIS STATIDNS: 004

NORTH SHDRE UNIV HDSP
300 CDMMUNITY DRIVE
MANHASSET NY 11030
INTERMEDIARY NO: 00308
RENAL NETWDRK = 25
PRDVIDER ND: 330106
CRDSS-REFERENCE: 332322
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CDRPORATIDN-NDT FOR PRDFIT
HCFA REGION: 02 HSA: 08
DATE APPROVED: 770901 MSA: 5380
NUMBER OF DIALYSIS STATIDNS: 025

ELIZABETH A HORTDN MEMDRIAL HDSP
60 PRDSPECT AVE
MIDDLETDWN NY 10940
INTERMEDIARY ND: 50333
RENAL NETWORK = 25
PRDVIDER ND: 330001
CRDSS-REFERENCE: 332300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CDRPORATIDN-NOT FDR PROFIT
HCFA REGIDN: 02 HSA: 06
DATE APPROVED: 770901 MSA: 5950
NUMBER OF DIALYSIS STATIDNS: 012

NASSAU HDSP
259 1ST ST
MINEDLA NY 11501
INTERMEDIARY ND: 00308
RENAL NETWDRK = 25
PRDVIDER ND: 330167
CRDSS-REFERENCE: 332336
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: OTHER-NOT FDR PRDFIT
HCFA REGIDN: 02 HSA: 08
DATE APPROVED: 770901 MSA: 5380
NUMBER OF DIALYSIS STATIONS: 006

LONG ISLAND JEWISH HILLSIDE MED CTR
270-05 76TH AVE
NEW HYDE PARK NY 11040
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330195
CROSS-REFERENCE: 332341
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 08
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

NEW ROCHELLE HOSP MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10802
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330184
CROSS-REFERENCE: 332339
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 06
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 009

PRESBYTERIAN HOP
622 W 168TH ST
NEW YORK NY 10032
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330012
CROSS-REFERENCE: 332305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

MOUNT SINAI HOSP
1 GUSTAVE L LEVY PLACE
NEW YORK NY 10029
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330024
CROSS-REFERENCE: 332307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 010

NY INFIRMARY-BEEKMAN DOWNTOWN HOSP
170 WILLIAM ST
NEW YORK NY 10038
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330064
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP:
HCFA REGION: 02 HSA:
DATE APPROVED: 810101 MSA: 5600A
NUMBER OF DIALYSIS STATIONS: 007

NY INFIRMARY-BEEKMAN DOWNTOWN HOSP
170 WILLIAM ST
NEW YORK NY 10038
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330064
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP:
HCFA REGION: 02 HSA:
DATE APPROVED: 810101 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 007

NEW YORK HOSP
525 E 68TH ST
NEW YORK NY 10021
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330101
CROSS-REFERENCE: 332321
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 830923 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 000

LENOX HILL HOSP
100 E 77TH ST
NEW YORK NY 10021
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330119
CROSS-REFERENCE: 332324
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 008

ST LUKES HOSP CENTER
AMSTERDAM AVE & 114TH ST
NEW YORK NY 10025
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330120
CROSS-REFERENCE: 332325
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 010
TRANSPLANT-UNCONDITIONAL

MEMORIAL HOSP
1275 YORK AVE
NEW YORK NY 10021
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330154
CROSS-REFERENCE: 332334
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 007

METROPOLITAN HOSP CENTER
1901 1ST AVE
NEW YORK NY 10029
INTERMEDIARY NO: 99990
RENAL NETWORK = 25
PROVIDER NO: 330199
CROSS-REFERENCE: 332344
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

BELLEVUE HOSP CENTER
472 FIRST AVE
NEW YORK NY 10016
INTERMEDIARY NO: 99990
RENAL NETWORK = 25
PROVIDER NO: 330204
CROSS-REFERENCE: 332347
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

UNIVERSITY HOSP
550 FIRST AVE
NEW YORK NY 10016
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330214
CROSS-REFERENCE: 332349
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 004

ST CLARES HOSP HEALTH CENTER
415 W 51ST ST
NEW YORK NY 10019
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330230
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 810727 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

HARLEM HOSP CTR
506 LENDX AVE
NEW YORK NY 10037
INTERMEDIARY NO: 99990
RENAL NETWDRK = 25
PRDVIDER ND: 330240

CRDSS-REFERENCE: 332354
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CDRPDRATION-NDT FOR PRDFIT

HCFA REGIDN: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIDNS: 004

ST VINCENTS HDSP MEDICAL CENTER
153 W 11TH ST
NEW YORK NY 10471
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330290

CROSS-REFERENCE: 332361
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CDRPDRATIDN-NDT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPRDVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIDNS: 004

MANHATTAN KIDNEY CENTER
40 EAST 30TH ST
NEW YORK NY 10016
INTERMEDIARY ND: 00308
RENAL NETWORK = 25
PRDVIDER NO: 332502

BACKUP HDSPITAL: 330119
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CORPORATION-NDT FDR PRDFIT

HCFA REGIDN: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER DF DIALYSIS STATIDNS: 028

FLDWER HOSP
1249 FIFTH AVE
NEW YDRK NY 10029
INTERMEDIARY ND: 00308
RENAL NETWORK = 25
PROVIDER ND: 332514

BACKUP HDSPITAL: 330120
APPROVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: OTHER-NDT FOR PRDFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 791001 MSA: 5600
NUMBER DF DIALYSIS STATIDNS: 013

A BARTON HEPBURN HOSP
214 KING ST
DGDENSBURG NY 13669
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330211

CRDSS-REFERENCE: 332348
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CORPDRATIDN-NDT FDR PROFIT

HCFA REGIDN: 02 HSA: 03
DATE APPROVED: 770901 MSA:
NUMBER DF DIALYSIS STATIDNS: 004

BROOKHAVEN MEMDRIAL HDSP
101 HDSPITAL RDAD
PATCHDGUE NY 11772
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330141

CROSS-REFERENCE: 332332
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMDDIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CDNDITIDNAL
TYPE OF DWNERSHIP: CDRPORATIDN-NDT FDR PRDFIT

HCFA REGIDN: 02 HSA: 08
DATE APPRDVED: 770901 MSA: 5380
NUMBER DF DIALYSIS STATIDNS: 006

CHAMPLAIN VALLEY PHYSICIANS HOSP
100 BEEKMAN ST
PLATTSBURGH NY 12901
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330250

CROSS-REFERENCE: 332356
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CORPDRATIDN-NDT FOR PROFIT

HCFA REGIDN: 02 HSA: 05
DATE APPRDVED: 770901 MSA:
NUMBER DF DIALYSIS STATIDNS: 004

ST FRANCIS HOSP
NORTH RD
POUGHKEEPSIE NY 12601
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330067
CROSS-REFERENCE: 332315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 06
DATE APPROVED: 770418 MSA: 6460
NUMBER OF DIALYSIS STATIONS: 006

LONG ISLAND JEWISH HOSP SATELLITE
214-65 JAMAICA AVE
QUEENS VILLAGE NY 11427
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 333503
BACKUP HOSPITAL: 330195
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 015

MONROE COMMUNITY HOSP
435 E HENRIETTA RD PO BX 905
ROCHESTER MONROE NY 14603
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 333502
BACKUP HOSPITAL: 330285
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 6840
NUMBER OF DIALYSIS STATIONS: 020

ROCHESTER GEN HOSP
1425 PORTLAND AVE
ROCHESTER NY 14621
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330125
CROSS-REFERENCE: 332327
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 6840
NUMBER OF DIALYSIS STATIONS: 010

GENESEE HOSP
244 ALEXANDER ST
ROCHESTER NY 14607
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330183
CROSS-REFERENCE: 332338
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 6840
NUMBER OF DIALYSIS STATIONS: 006

STRONG MEM HOSP (ESRD)
601 ELMWOOD AVE
ROCHESTER NY 14642
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330285
CROSS-REFERENCE: 332358
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 6840
NUMBER OF DIALYSIS STATIONS: 004
TRANSPLANT-UNCONDITIONAL

REGIONAL HOSPITAL SVCS INC
220 ALEXANDER ST #608
ROCHESTER NY 14607
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 332515
BACKUP HOSPITAL: 330183
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 810304 MSA: 6840
NUMBER OF DIALYSIS STATIONS: 014

CENTRAL SUFFOLK ARTIFICIAL KIONEY CTR
1244 MIDDLE COUNTRY RD
SELDEN NY 11784
INTERMEOIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332518
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA:
OATE APPROVED: 811203 MSA: 5380
NUMBER OF OIALYSIS STATIONS: 008

BAYLEY SETON HOSPITAL
BAY ST & VANOERBILT AVE
STATEN ISLANO NY 10304
INTERMEDIARY NO: 99990
RENAL NETWORK = 25
PROVIDER NO: 330381
CROSS-REFERENCE: 332368
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: PUBLIC HEALTH SERVICE - GOVERNMENT FEDERAL
HCFA REGION: 02 HSA: 07
OATE APPROVEO: 770901 MSA: 5600
NUMBER OF OIALYSIS STATIONS: 018

STATEN ISLAND HOSP
475 SEAVIEW AVE
STATEN ISLAND NY 10305
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330160
CROSS-REFERENCE: 332335
APPROVEO AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
OATE APPROVED: 770901 MSA: 5600
NUMBER OF OIALYSIS STATIONS: 008

ISLAND REHABILITATIVE SERVICE CORP
470 SEAVIEW AVE
STATEN ISLAND NY 10305
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332511
BACKUP HOSPITAL: 330160
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 02 HSA:
OATE APPROVEO: 791107 MSA: 5600
NUMBER OF OIALYSIS STATIONS: 012

UNIVERSITY HOSP RENAL DIALYSIS CTR
STATE UNIV OF NEW YORK
STONYBROOK NY 11794
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330393
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL TRANSPLANT-CONOITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEOERAL
HCFA REGION: 02 HSA:
DATE APPROVED: 800310 MSA: 5380
NUMBER OF OIALYSIS STATIONS: 008

ST JOSEPHS HOSP HEALTH CENTER
301 PROSPECT AVE
SYRACUSE NY 13203
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330140
CROSS-REFERENCE: 332331
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 03
OATE APPROVED: 770822 MSA: 8160
NUMBER OF OIALYSIS STATIONS: 013

STATE UNIV HOSP-UPSTATE MED CTR
750 E ADAMS ST
SYRACUSE NY 13210
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330241
CROSS-REFERENCE: 332355
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL TRANSPLANT-UNCONOITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 03
OATE APPROVED: 770901 MSA: 8160
NUMBER OF OIALYSIS STATIONS: 009

ST LUKES MEMORIAL HOSP CENTER
BOX479
UTICA NY 13503
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330044

CROSS-REFERENCE: 332309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 03
DATE APPROVED: 770901 MSA: 8680
NUMBER OF DIALYSIS STATIONS: 018

WESTCHESTER CO MED CTR
503 GRASSLANDS RD
VALHALLA NY 10595
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330234

CROSS-REFERENCE: 332353
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 06
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 010

WESTCHESTER ARTIFICIAL KIDNEY CENTER
503 GRASSLANDS RD
VALHALLA NY 10595
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332504

BACKUP HOSPITAL: 330234
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 06
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 020

GOOD SAMARITAN HOSPITAL
1000 MONTAUK HIGHWAY
WEST ISLIP NY 11795
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330286

CROSS-REFERENCE: 332359
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 08
DATE APPROVED: 770901 MSA: 5380
NUMBER OF DIALYSIS STATIONS: 002

ST JOSEPHS HOSP
127 S BROADWAY
YONKERS NY 10701
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330006

CROSS-REFERENCE: 332303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 06
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 014

MEMORIAL MISSION HOSP
509 BILTMORE AVE
ASHEVILLE NC 28801
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340002

CROSS-REFERENCE: 342300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 770601 MSA: 0480
NUMBER OF DIALYSIS STATIONS: 004

ASHEVILLE KIDNEY CENTER INC
10 MCDOWELL ST.
ASHEVILLE NC 28801
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342506

BACKUP HOSPITAL: 340002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 0480
NUMBER OF DIALYSIS STATIONS: 022

NORTH CAROLINA MEMORIAL HOSP-
MANNING DRIVE
CHAPEL HILL NC 27314
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340061

CROSS-REFERENCE: 342305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 6640
NUMBER OF DIALYSIS STATIONS: 025
TRANSPLANT-UNCONDITIONAL

CHARLOTTE MEMORIAL HOSP
1000 BLYTHE BLVD
CHARLOTTE NC 28232
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340113

CROSS-REFERENCE: 342306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 1520
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIONAL

METROLINA KIDNEY CENTER INC
928 BAXTER ST
CHARLOTTE NC 28204
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342503

BACKUP HOSPITAL: 340113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 03
DATE APPROVED: 730701 MSA: 1520
NUMBER OF DIALYSIS STATIONS: 050

DUKE UNIVERSITY MEDICAL CENTER
P.O. BOX 3927
DURHAM NC 27710
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340030

CROSS-REFERENCE: 342302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 6640
NUMBER OF DIALYSIS STATIONS: 018
TRANSPLANT-UNCONDITIONAL

ALBEMARLE DIALYSIS CENTER INC
1140 NORTH ROAD STREET
ELIZABETH CITY NC 27909
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342515

BACKUP HOSPITAL: 340109
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 820301 MSA:
NUMBER OF DIALYSIS STATIONS: 010

FAYETTEVILLE KIDNEY CENTER INC
1315 AVON STREET
FAYETTEVILLE NC 28306
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342510
BACKUP HOSPITAL: 340028
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 771219 MSA: 2560
NUMBER OF DIALYSIS STATIONS: 040

NALLE CLINIC KID CENTER GASTON CO
504 WILKINSON BLVD
LOWELL NC 28090
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342513
BACKUP HOSPITAL: 340013
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 801112 MSA: 1520
NUMBER OF DIALYSIS STATIONS: 020

GREENSBORO KIDNEY CENTER INC.
200 W WENDOVER DR
GREENSBORO NC 27401
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342504
BACKUP HOSPITAL: 340047
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 3120
NUMBER OF DIALYSIS STATIONS: 035

PITT CO MEM HOSP
STANTONSBURG ROAD
GREENVILLE NC 27834
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340040
CROSS-REFERENCE: 342303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 06
DATE APPROVED: 801208 MSA:
NUMBER OF DIALYSIS STATIONS: 006
TRANSPLANT-CONDITIONAL

GREENVILLE DIALYSIS CENTER
DOCTORS PARK BLDG 6
GREENVILLE NC 27834
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342502
BACKUP HOSPITAL: 340040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 035

NORTHWESTERN DIALYSIS FACILITY INC
350 THIRD AVE NW
HICKORY NC 28601
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342516
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830812 MSA: 3290
NUMBER OF DIALYSIS STATIONS: 006

HIGH POINT KIDNEY CENTER INC
P.O. BOX 5944
HIGH POINT NC 27262
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342514
BACKUP HOSPITAL: 340141
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820901 MSA: 3120
NUMBER OF DIALYSIS STATIONS: 010

NORTHWESTERN DIALYSIS FACILITY INC
315 A MULBERRY ST SW PO BOX 1258
LENOIR NC 28645
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342509
BACKUP HOSPITAL: 340041
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 770801 MSA:
NUMBER OF DIALYSIS STATIONS: 018

THE RALEIGH CLINIC DIALYSIS FACILITY
201 SWINBURNE ST
RALEIGH NC 27610
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342512
BACKUP HOSPITAL: 340069
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 801001 MSA: 6640
NUMBER OF DIALYSIS STATIONS: 016

SOUTHEASTERN KIDNEY CENTER
2215 YAUPON DRIVE
WILMINGTON NC 28401
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342511
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 790326 MSA: 9200
NUMBER OF DIALYSIS STATIONS: 036

CAROLINA CLINIC KIDNEY CENTER
1700 S TARBORO ST
WILSON NC 27893
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342507
BACKUP HOSPITAL: 340040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 022

NORTH CAROLINA BAPTIST HOSP-
300 S HAWTHORNE RD
WINSTON-SALEM NC 27103
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340047
CROSS-REFERENCE: 342304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 3120
NUMBER OF DIALYSIS STATIONS: 004
TRANSPLANT-UNCONDITIONAL

PIEDMONT DIALYSIS CENTER INC
300 S HAWTHORNE RD
WINSTON-SALEM NC 27103
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342505
BACKUP HOSPITAL: 340047
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 3120
NUMBER OF DIALYSIS STATIONS: 021

ST ALEXIUS HOSP
NINTH & THAYER
BISMARCK ND 58501
INTERMEDIARY NO: 00320
RENAL NETWORK = 07
PROVIDER NO: 350002
CROSS-REFERENCE: 352300
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 08
DATE APPROVED: 770705
NUMBER OF DIALYSIS STATIONS: 055
HSA: 01
MSA: 1010

OAKOTA HOSPITAL
1720 SOUTH UNIVERSITY DRIVE
FARGO ND 58102
INTERMEDIARY NO: 00320
RENAL NETWORK = 07
PROVIDER NO: 350004
CROSS-REFERENCE: 352301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 08
DATE APPROVED: 770801
NUMBER OF DIALYSIS STATIONS: 010
HSA: 03
MSA: 2520

UNITED HOSPITAL
1200 S. COLUMBIA RD.
GRAND FORKS ND 58201
INTERMEDIARY NO: 00320
RENAL NETWORK = 07
PROVIDER NO: 350019
CROSS-REFERENCE: 352302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 08
DATE APPROVED: 770818
NUMBER OF DIALYSIS STATIONS: 005
HSA: 01
MSA: 2985

TRINITY MEDICAL CENTER
SO MAIN AT 4TH AVE
MINOT ND 58701
INTERMEDIARY NO: 00320
RENAL NETWORK = 07
PROVIDER NO: 350043
CROSS-REFERENCE: 352304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 08
DATE APPROVED: 780717
NUMBER OF DIALYSIS STATIONS: 004
HSA: 01
MSA:

AKRON CITY HOSPITAL
525 EAST MARKET STREET
AKRON OH 44309
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360015
CROSS-REFERENCE: 362303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 08
DATE APPROVED: 770901 MSA: 0080
NUMBER OF DIALYSIS STATIONS: 008

ST THOMAS HOSPITAL MEDICAL CENTER
444 NORTH MAIN STREET
AKRON OH 44310
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360020
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 790820 MSA: 0080
NUMBER OF DIALYSIS STATIONS: 004

AKRON GENERAL MEDICAL CTR
400 WABASH AVE
AKRON OH 44307
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360027
CROSS-REFERENCE: 362304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 08
DATE APPROVED: 770901 MSA: 0080
NUMBER OF DIALYSIS STATIONS: 007

BIO-MEDICAL APPLICATIONS OF AKRON INC
345 BISHOP STREET
AKRON OH 44307
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 362503
BACKUP HOSPITAL: 360027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 08
DATE APPROVED: 770901 MSA: 0080
NUMBER OF DIALYSIS STATIONS: 022

FRANK NAPPI FOUNDATION KIDNEY DIAL CTR
1047 LAKE AVENUE
ASHTABULA OH 44004
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 362507
BACKUP HOSPITAL: 390063
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 801130 MSA:
NUMBER OF DIALYSIS STATIONS: 006

AULTMAN HOSPITAL
2600 6TH STREET SW
CANTON OH 44710
INTERMEDIARY NO: 00332
RENAL NETWORK = 22
PROVIDER NO: 360084
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 820204 MSA: 1320
NUMBER OF DIALYSIS STATIONS: 008

DIALYSIS CLINICS INC.
499 E MCMILLAN
CINCINNATI OH 45260
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 362504
BACKUP HOSPITAL: 360003
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 1640
NUMBER OF DIALYSIS STATIONS: 027

CINCINNATI GEN HOSP
234 GOODMAN STREET
CINCINNATI OH 45267
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360003
CROSS-REFERENCE: 362300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY/COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 1640
NUMBER OF DIALYSIS STATIONS: 008

GOOD SAMARITAN HOSPITAL
3217 CLIFTON AVENUE
CINCINNATI OH 45220
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360134
CROSS-REFERENCE: 362315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 1640
NUMBER OF DIALYSIS STATIONS: 009

CHRIST HOSPITAL
2139 AUBURN AVENUE
CINCINNATI OH 45219
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360163
CROSS-REFERENCE: 362319
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 1640
NUMBER OF DIALYSIS STATIONS: 013

CHILDRENS HOSPITAL MED CTR-ESRD
ELLANO AND BETHESDA AVES
CINCINNATI OH 45219
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360226
CROSS-REFERENCE: 362321
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 1640
NUMBER OF DIALYSIS STATIONS: 006

COMMUNITY LIMITED CARE DIALYSIS CTR
2915 CLIFTON AVE
CINCINNATI OH 45220
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 362502
BACKUP HOSPITAL: 360134
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 1640
NUMBER OF DIALYSIS STATIONS: 019

ST JOHN HOSPITAL
7911 DETROIT AVE
CLEVELAND OH 44102
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360053
CROSS-REFERENCE: 362309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 007

CLEVELAND METRO GEN HOSP
3395 SCRANTON RD
CLEVELAND OH 44109
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360059
CROSS-REFERENCE: 362310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 008

MT SINAI MEDICAL CTR
UNIVERSITY CIRCLE
CLEVELAND OH 44106
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360075
CROSS-REFERENCE: 362311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 014

UNIVERSITY HOSPITALS OF CLEVELAND
2074 ABINGTON RD
CLEVELAND OH 44106
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360137
CROSS-REFERENCE: 362316
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 010

CLEVELAND CLINIC HOSP
9500 EUCLID
CLEVELAND OH 44106
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360180
CROSS-REFERENCE: 362320
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 028

COMMUNITY DIALYSIS CENTER
11201 SHAKER BLVD-BOX 12220
EAST CLEVELAND OH 44112
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 362500
BACKUP HOSPITAL: 360085
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 032

RIVERSIDE METHODIST HOSPITAL
3535 OLENTANGY RIVER RD
COLUMBUS OH 43214
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360006
CROSS-REFERENCE: 362301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 020

MT CARMEL MEDICAL CTR (ESRD)
793 W STATE ST
COLUMBUS OH 43222
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360035
CROSS-REFERENCE: 362305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 010

OHIO STATE UNIVERSITY HOSP
410 W 10TH AVE
COLUMBUS OH 43210
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360085
CROSS-REFERENCE: 362313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 011

CHILDRENS HOSPITAL-ESRD
700 CHILDRENS DRIVE
COLUMBUS OH 43205
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360229
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 810914 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 003

CENTRAL OHIO DIALYSIS CENTER
4041 N HIGH ST
COLUMBUS OH 43214
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 362501
BACKUP HOSPITAL: 360137
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 027

MIAMI VALLEY HOSP
WYOMING AVE
DAYTON OH 45409
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360051
CROSS-REFERENCE: 362307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 2000
NUMBER OF DIALYSIS STATIONS: 031

ELYRIA MEMORIAL HOSPITAL
630 EAST RIVER STREET
ELYRIA OH 44035
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360145
CROSS-REFERENCE: 362318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 4440
NUMBER OF DIALYSIS STATIONS: 016

LIMA MEM HOSP
LINDEN & MOBEL STS
LIMA OH 45804
INTERMEDIARY NO: 00335
RENAL NETWORK = 22
PROVIDER NO: 360009
CROSS-REFERENCE: 362302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 4320
NUMBER OF DIALYSIS STATIONS: 009

MANSFIELD KIDNEY CTR BMA
597 PARK AVENUE EAST
MANSFIELD OH 44905
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 362508
BACKUP HOSPITAL: 360085
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 800818 MSA: 4800
NUMBER OF DIALYSIS STATIONS: 008

COMMUNITY DIALYSIS CTR
9002 MENTOR AVE
MENTOR OH 44060
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 362505
BACKUP HOSPITAL: 360137
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 800227 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY LTD CARE DIALYSIS CTR
6 EAST AVE
MONROE OH 45050
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 362506
BACKUP HOSPITAL: 360134
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 800331 MSA: 3200
NUMBER OF DIALYSIS STATIONS: 007

CLEVELAND CLINIC WEST SIDE DIAL CTR
5230 HAUSERMAN RD
PARMA OH 44130
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 363500
CROSS-REFERENCE: 360180
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 790516 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 015

R.E. MARTIN MEMORIAL DIALYSIS CENTER
1248 KINNEYS LANE
PORTSMOUTH OH 45662
INTERMEDIARY NO: 00332
RENAL NETWORK = 22
PROVIDER NO: 360022
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 810223 MSA:
NUMBER OF DIALYSIS STATIONS: 008

PROVIDENCE HOSP
1912 SOUTH HAYES AVE
SANDUSKY OH 44870
INTERMEDIARY NO: 00337
RENAL NETWORK = 22
PROVIDER NO: 360024
CROSS-REFERENCE: 362322
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 04
DATE APPROVED: 780906 MSA:
NUMBER OF DIALYSIS STATIONS: 005

ST JOHN HOSP
ST JOHN HEIGHTS
STEUBENVILLE OH 43952
INTERMEDIARY NO: 00332
RENAL NETWORK = 22
PROVIDER NO: 360083
CROSS-REFERENCE: 362312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 8080
NUMBER OF DIALYSIS STATIONS: 019

MEDICAL COLLEGE OF OHIO AT TOLEDO
3000 ARLINGTON AVE
TOLEDO OH 43699
INTERMEDIARY NO: 00337
RENAL NETWORK = 22
PROVIDER NO: 360048
CROSS-REFERENCE: 362306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 04
DATE APPROVED: 770901 MSA: 8400
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-UNCONDITIONAL

TOLEDO HOSP DIALYSIS UNIT
2142 NORTH COVE BLVD
TOLEDO OH 43606
INTERMEDIARY NO: 00337
RENAL NETWORK = 22
PROVIDER NO: 360068
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 780627 MSA: 8400
NUMBER OF DIALYSIS STATIONS: 004

ST VINCENTS MEDICAL CENTER
2213 CHERRY ST
TOLEDO OH 43608
INTERMEDIARY NO: 00337
RENAL NETWORK = 22
PROVIDER NO: 360112

CROSS-REFERENCE: 362314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 04
DATE APPROVED: 770901 MSA: 8400
NUMBER OF DIALYSIS STATIONS: 031

SYMED CARE OF TOLEDO
2025 ARLINGTON AVE
TOLEDO OH 43699
INTERMEDIARY NO: 00337
RENAL NETWORK = 22
PROVIDER NO: 362509

BACKUP HOSPITAL: 360048
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 810824 MSA: 8400
NUMBER OF DIALYSIS STATIONS: 012

ST ELIZABETH HOSP
1044 BELMONT AVE
YOUNGSTOWN OH OH 44504
INTERMEDIARY NO: 00332
RENAL NETWORK = 22
PROVIDER NO: 360064

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 810602 MSA: 9320
NUMBER OF DIALYSIS STATIONS: 012

YOUNGSTOWN HOSP
GYPSY LANE & GOLETA AVE
YOUNGSTOWN OH 44501
INTERMEDIARY NO: 00332
RENAL NETWORK = 22
PROVIDER NO: 360141

CROSS-REFERENCE: 362317
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 10
DATE APPROVED: 770901 MSA: 9320
NUMBER OF DIALYSIS STATIONS: 019

CLINTON REGIONAL HOSP
1000 NORTH LEE
CLINTON OK 73601
INTERMEDIARY NO: 52280
RENAL NETWORK = 10
PROVIDER NO: 370029
CROSS-REFERENCE: 372304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770831 MSA:
NUMBER OF DIALYSIS STATIONS: 004

MIDWEST DIALYSIS DUNCAN INC
505 S HIGHWAY 81
DUNCAN OK 73533
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372503
BACKUP HOSPITAL: 370037
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 790403 MSA:
NUMBER OF DIALYSIS STATIONS: 008

ST MARYS HOSP OF ENID INC
305 S 5TH ST BOX 232
ENID OK 73701
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370026
CROSS-REFERENCE: 372302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 06
DATE APPROVED: 770831 MSA: 2340
NUMBER OF DIALYSIS STATIONS: 006

MC ALESTER GEN HOSP
1 CLARK BASS BLVD
MCALESTER OK 74501
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370034
CROSS-REFERENCE: 372305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA:
NUMBER OF DIALYSIS STATIONS: 006

BAPTIST MEDICAL CENTER OF OKLAHOMA INC
3300 NORTH WEST EXPRESSWAY
OKLAHOMA CITY OK 73112
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370028
CROSS-REFERENCE: 372303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 005

OKLAHOMA MEMORIAL HOSPITAL
PO BOX 26307
OKLAHOMA CITY OK 73125
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370035
CROSS-REFERENCE: 372313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 008
TRANSPLANT-CONDITIONAL

ST ANTHONY HOSP
1000 N LEE ST
OKLAHOMA CITY OK 73102
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370037
CROSS-REFERENCE: 372306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIONAL

PRESBYTERIAN HOSPITAL INC
NORTHEAST 13TH ST LINCOLN BLVD
OKLAHOMA CITY OK 73104
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370093
CROSS-REFERENCE: 372314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830120 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 004

VA HOSP
921 NE 13TH ST
OKLAHOMA CITY OK 73104
INTERMEDIARY NO: 99990
RENAL NETWORK = 10
PROVIDER NO: 37014F
CROSS-REFERENCE: 372310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 010

OKLAHOMA CHILDRENS MEM HOSP
940 NE 13TH ST BOX 26307
OKLAHOMA CITY OK 73126
INTERMEDIARY NO: 99990
RENAL NETWORK = 10
PROVIDER NO: 370167
CROSS-REFERENCE: 372311
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770901 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 000

MIDWEST DIALYSIS INC
4312 CLASSEN BOULEVARD
OKLAHOMA CITY OK 73118
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372500
BACKUP HOSPITAL: 370037
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 010

OKLAHOMA DIALYSIS INC.
1117 N SHARTEL SUITE 702
OKLAHOMA CITY OK 73103
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372502
BACKUP HOSPITAL: 370037
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 780907 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 010

HILLCREST/OKMULGEE DIALYSIS FACILITY
1401 MORRIS DR
OKMULGEE OK 74447
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372506
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP:
HCFA REGION: 06 HSA:
DATE APPROVED: 830922 MSA:
NUMBER OF DIALYSIS STATIONS: 008

ST JOSEPHS HOSPITAL
14TH AND HARTFORD
PONCA CITY OK 74601
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370006
CROSS-REFERENCE: 372301
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 06
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 003

SAYRE MEMORIAL HOSPITAL
501 E WASHINGTON BOX 100
SAYRE OK 73662
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370103
CROSS-REFERENCE: 372309
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770831 MSA:
NUMBER OF DIALYSIS STATIONS: 003

TAHLEQUAH CITY HOSP
1400 E. DOWNING
TAHLEQUAH OK 74464
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370089
CROSS-REFERENCE: 372307
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA:
NUMBER OF DIALYSIS STATIONS: 001

HILLCREST MEDICAL CENTER
1120 SOUTH UTICA
TULSA OK 74104
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370001
CROSS-REFERENCE: 372300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770901 MSA: 8560
NUMBER OF DIALYSIS STATIONS: 027

OKLAHOMA OSTEOPATHIC HOSPITAL
744 W 9TH STREET
TULSA OK 74127
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370078
CROSS-REFERENCE: 372312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 770513 MSA: 8560
NUMBER OF DIALYSIS STATIONS: 007

ST FRANCIS HOSP
6161 S YALE AVE
TULSA OK 74135
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370091
CROSS-REFERENCE: 372308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 8560
NUMBER OF DIALYSIS STATIONS: 009

TULSA DIALYSIS CENTER
4436 S HARVARD AVE
TULSA OK 74135
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372504
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830623 MSA: 8560
NUMBER OF DIALYSIS STATIONS: 009

EASTERN CASCADE DIALYSIS CENTER
369 NE REVERE AVE
BEND OR 97701
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 382503
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA:
DATE APPROVED: 821220 MSA: ****
NUMBER OF DIALYSIS STATIONS: 004

SACRED HEART GENERAL HOSPITAL
1255 HILYARD ST
EUGENE OR 97401
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 380033
BACKUP HOSPITAL: 380033
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA: 02
DATE APPROVED: 770901 MSA: 2400
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY DIALYSIS OF MEDFORD
1005 E MAIN ST SUITE 5
MEDFORD OR 97501
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 382501
BACKUP HOSPITAL: 380033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 10 HSA: 02
DATE APPROVED: 770901 MSA: 4890
NUMBER OF DIALYSIS STATIONS: 009

OREGON HEALTH SCIENCES UNIV
3181 SW SAM JACKSON PARK RD
PORTLAND OR 97201
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 380009
CROSS-REFERENCE: 382300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 6440
NUMBER OF DIALYSIS STATIONS: 008
TRANSPLANT-UNCONDITIONAL

GOOD SAMARITAN HOSP MED CENTER
2025 NW 22 AVE
PORTLAND OR 97210
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 380017
BACKUP HOSPITAL: 380051
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 6440
NUMBER OF DIALYSIS STATIONS: 031

PROVIDENCE MEDICAL CTR (ESRD)
4805 NE GLISAN
PORTLAND OR 97213
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 380061
BACKUP HOSPITAL: 380061
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-NOT FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 6440
NUMBER OF DIALYSIS STATIONS: 006

OREGON KIDNEY CENTER
5314 NE IRVING
PORTLAND OR 97213
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 382500
BACKUP HOSPITAL: 380061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 021

MERCY HEALTHCARE INC.
2700 STEWART PARKWAY
ROSEBURG OR 97470
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 382504

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP:

HCFA REGION: 10 HSA:
DATE APPROVED: 830926 MSA:
NUMBER OF DIALYSIS STATIONS: 002

COMMUNITY DIALYSIS OF SALEM
420 MILL ST SE
SALEM OR 97301
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 382502

BACKUP HOSPITAL: 380017
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 10 HSA: 02
DATE APPROVED: 780831 MSA: 7080
NUMBER OF DIALYSIS STATIONS: 010

ABINGTDN MEMORIAL HDSP
1200 YORK RD
ABINGTON PA 19001
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PRDVIDER NO: 390231

CRDSS-REFERENCE: 392333
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
OATE APPRDVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 004

BIO-MEDICAL APPL OF ABINGTON INC
1231 OLD YDRK ROAD
ABINGTON PA 19001
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392506

BACKUP HOSPITAL: 390231
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF DWNERSHIP: CORPORATIDN-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVEO: 770901 MSA: 6160
NUMBER OF OIALYSIS STATIONS: 020

THE ALLENTOWN HDSPITAL
17TH + CHEW STS
ALLENTOWN PA 18102
INTERMEDIARY ND: 00360
RENAL NETWORK = 24
PRDVIDER ND: 390133

CROSS-REFERENCE: 392322
APPROVED AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 02
OATE APPROVEO: 770701 MSA: 0240
NUMBER OF DIALYSIS STATIONS: 013

BMA DF ALLENTDWN
2015 HAMILTON ST. SUITE 208
ALLENTDWN PA 18104
INTERMEDIARY NO: 00360
RENAL NETWDRK = 24
PROVIDER NO: 392505

BACKUP HOSPITAL: 390133
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMDDIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATIDN-FDR PRDFIT

HCFA REGION: 03 HSA: 02
OATE APPROVED: 770701 MSA: 0240
NUMBER OF OIALYSIS STATIDNS: 022

DIALYSIS CLINICS INC OF ALQUIPPA
2400 HDSPITAL DR
ALQUIPPA PA 15001
INTERMEDIARY ND: 00363
RENAL NETWORK = 22
PROVIDER NO: 392529

BACKUP HOSPITAL: 390164
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONOITIONAL
TYPE OF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT

HCFA REGIDN: 03 HSA:
DATE APPROVED: 810224 MSA: 0845
NUMBER OF DIALYSIS STATIONS: 010

ALTDONA HOSP
HDWARD AVE & 7TH ST
ALTOONA PA 16603
INTERMEDIARY ND: 00363
RENAL NETWORK = 22
PRDVIDER ND: 390073

CRDSS-REFERENCE: 392313
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF OWNERSHIP: CDRPORATIDN-NDT FDR PROFIT

HCFA REGIDN: 03 HSA: 09
OATE APPRDVED: 770901 MSA: 0280
NUMBER OF DIALYSIS STATIDNS: 010

ST LUKES HDSPITAL DF BETHLEHEM
801 DSTRUM ST
BETHLEHEM PA 18015
INTERMEDIARY ND: 00360
RENAL NETWDRK = 24
PRDVIDER ND: 390049

CROSS-REFERENCE: 392340
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF OWNERSHIP: CDRPDRATION-NOT FOR PROFIT

HCFA REGIDN: 03 HSA:
DATE APPRDVED: 790815 MSA: 0240
NUMBER DF DIALYSIS STATIONS: 004

BMA OF BETHLEHEM
1885 WEST MARKET STREET
BETHLEHEM PA 18018
INTERMEDIARY NO: 00360
RENAL NETWORK = 24
PROVIDER NO: 392511

BACKUP HOSPITAL: 390133
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 02
DATE APPROVED: 770701 MSA: 0240
NUMBER OF DIALYSIS STATIONS: 019

COMMUNITY DIALYSIS SERVICES
356 W WASHINGTON ST
BRADFORD PA 16701
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392523

BACKUP HOSPITAL: 390063
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 791121 MSA:
NUMBER OF DIALYSIS STATIONS: 008

BRYN MAWR HOSPITAL
BRYN MAWR AVE
BRYN MAWR PA 19010
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390139

CROSS-REFERENCE: 392323
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 771002 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 006

HAVERFORD DIALYSIS UNIT
945 HAVERFORD RD
BRYN MAWR PA 19010
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392504

BACKUP HOSPITAL: 390195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 24
DATE APPROVED: 770801 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 018

BMA OF BUTLER INC.
939 EAST BRADY ST EXT
BUTLER PA 16001
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392525

BACKUP HOSPITAL: 390029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800630 MSA: ****
NUMBER OF DIALYSIS STATIONS: 010

BRANDYWINE HOSPITAL
201 REECEVILLE RD
CALN TOWNSHIP PA 19320
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390076

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830511 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 003

GEISINGER MEDICAL CTR
NORTH ACADEMY AVENUE
DANVILLE PA 17822
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390006

CROSS-REFERENCE: 392300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 810320 MSA:
NUMBER OF DIALYSIS STATIONS: 015

MERCY CATHOLIC MEDICAL CTR
54TH ST & CEDAR AVE
PHILADELPHIA PA 19143
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390156

CROSS-REFERENCE: 392324
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 830701 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 000

KIDNEY CTR OF CHESTER CO LTD
960 E LINCOLN HWY
DOWNINGTOWN PA 19335
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392522

BACKUP HOSPITAL: 390180
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 790905 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 020

DELAWARE CO MEM HOSP
LANSDOWNE KEYSTONE AVES
DREXEL HILL PA 19026
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390081

CROSS-REFERENCE: 392315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 006

COMMUNITY DIALYSIS SERVICE OF DUBOIS
MAPLE AVENUE
DU BOIS PA 15801
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 392526

BACKUP HOSPITAL: 390268
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800924 MSA:
NUMBER OF DIALYSIS STATIONS: 006

HAMOT MEDICAL CTR
201 STATE ST
ERIE PA 16550
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390063

CROSS-REFERENCE: 392309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 07
DATE APPROVED: 770901 MSA: 2360
NUMBER OF DIALYSIS STATIONS: 020

RENAL CARE OF ERIE INC
5924 OLD FRENCH RD
ERIE PA 16509
INTERMEDIARY NO: 00332
RENAL NETWORK = 22
PROVIDER NO: 392528

BACKUP HOSPITAL: 360141
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 810112 MSA: 2360
NUMBER OF DIALYSIS STATIONS: 011

BMA OF GREENSBURG
562 SHEARER ST
GREENSBURG PA 15601
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392520

BACKUP HOSPITAL: 390029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA: 06
DATE APPROVED: 790131 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 012

POLYCLINIC MEDICAL CENTER
3RO ST POLYCLINIC AVE
HARRISBURG PA 17105
INTERMEDIARY ND: 00361
RENAL NETWDRK = 24
PROVIOER NO: 390067

CRDSS-REFERENCE: 392311
APPRDVEO AS: OIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPO
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CDRPDRATION-NDT FOR PRDFIT

HCFA REGIDN: 03 HSA: 04
DATE APPRDVED: 770901 MSA: 3240
NUMBER DF DIALYSIS STATIDNS: 008

HARRISBURG HOSP
SDUTH FRONT ST
HARRISBURG PA 17101
INTERMEOIARY NO: 00361
RENAL NETWDRK = 24
PROVIDER NO: 390098

CRDSS-REFERENCE: 392317
APPRDVEO AS: INPATIENT CARE ONLY
STAFF-ASSISTEO SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: DTHER-NDT FDR PRDFIT

HCFA REGIDN: 03 HSA:
DATE APPRDVED: 821004 MSA: 3240
NUMBER DF DIALYSIS STATIDNS: 000

HAZLETDN STATE GENERAL HDSP
E BROAD ST
HAZLETDN PA 18201
INTERMEOIARY NO: 00364
RENAL NETWDRK = 24
PROVIOER ND: 390185

APPROVEO AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: DTHER-NDT FOR PRDFIT

HCFA REGIDN: 03 HSA:
DATE APPRDVED: 800423 MSA: 7560
NUMBER DF DIALYSIS STATIDNS: 000

BMA OF HAZLETDN
EAST BROAD ST
HAZLETON PA 18201
INTERMEDIARY NO: 00364
RENAL NETWDRK = 24
PROVIOER NO: 392524

BACKUP HOSPITAL: 390185
APPROVEO AS: OIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCDNDITIDNAL
TYPE DF OWNERSHIP: CORPDRATIDN-FDR PRDFIT

HCFA REGION: 03 HSA:
DATE APPRDVED: 800423 MSA: 7560
NUMBER DF OIALYSIS STATIDNS: 008

PENNSYLVANIA STATE UNIVERSITY
500 UNIVERSITY DR
HERSHEY PA 17033
INTERMEDIARY NO: 00361
RENAL NETWDRK = 24
PROVIOER NO: 390256

CROSS-REFERENCE: 392335
APPROVED AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCDNDITIDNAL TRANSPLANT-UNCDNDITIDNAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEOERAL

HCFA REGIDN: 03 HSA: 04
DATE APPROVED: 801216 MSA: 3240
NUMBER OF DIALYSIS STATIONS: 006

MERCY HDSPITAL DF JOHNSTOWN
1020 FRANKLIN ST
JOHNSTOWN PA 15905
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIOER NO: 390060

CROSS-REFERENCE: 392308
APPRDVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMDOIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: OIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: CORPDRATION-NOT FDR PROFIT

HCFA REGIDN: 03 HSA: 09
DATE APPRDVED: 761019 MSA: 3680
NUMBER OF DIALYSIS STATIDNS: 018

LANCASTER OSTEOPATHIC HOSP
1175 CLARK ST.
LANCASTER PA 17604
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIOER NO: 390068

CROSS-REFERENCE: 392312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGIDN: 03 HSA: 04
DATE APPRDVEO: 770901 MSA: 4000
NUMBER DF DIALYSIS STATIONS: 004

LANCASTER GENERAL HDSPITAL
555 N DUKE ST
LANCASTER PA 17604
INTERMEDIARY NO: 51390
RENAL NETWDRK = 24
PROVIDER ND: 390100
CRDSS-REFERENCE: 392318
APPROVED AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATIDN RATES: OIALYSIS-UNCDNOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NDT FDR PROFIT
HCFA REGION: 03 HSA: 04
OATE APPROVEO: 770901 MSA: 4000
NUMBER OF OIALYSIS STATIONS: 008

SHADELAND DIALYSIS FACILITY
211 SHAOELAND AVE
LANDSDDWNE PA 19050
INTERMEDIARY ND: 51390
RENAL NETWDRK = 24
PRDVIOER ND: 392502
BACKUP HOSPITAL: 390111
APPROVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: OIALYSIS-UNCONDITIDNAL
TYPE DF OWNERSHIP: CDRPORATION-FOR PRDFIT
HCFA REGION: 03 HSA: 01
OATE APPRDVED: 770801 MSA: 6160
NUMBER OF OIALYSIS STATIONS: 012

ST MARY S HDSPITAL INC
LANGHORNE-NEWTDN RD
LANGHORNE PA 19047
INTERMEDIARY NO: 00362
RENAL NETWDRK = 24
PRDVIDER ND: 390258
CRDSS-REFERENCE: 392339
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDOIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMDDIALYSIS, PERITONEAL
TRAINING SERVICES: HEMOOIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: OIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CDRPDRATION-NOT FOR PRDFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 780731 MSA: 6160
NUMBER OF DIALYSIS STATIDNS: 015

DIALYSIS CDRP DF HARRISBURG INC
27 MILLER ST SUITE 120
LEMDYNE PA 17043
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PRDVIDER ND: 392534
BACKUP HOSPITAL: 390098
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF DWNERSHIP: CORPDRATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 821004 MSA: 3240
NUMBER OF DIALYSIS STATIDNS: 010

LEWISTDN HDSP
HIGHLAND AVE
LEWISTDWN PA 17044
INTERMEDIARY NO: 00361
RENAL NETWDRK = 24
PRDVIDER ND: 390048
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATIDN RATES: DIALYSIS-CONOITIONAL
TYPE DF DWNERSHIP: DTHER-NOT FDR PRDFIT
HCFA REGION: 03 HSA:
OATE APPRDVED: 811023 MSA:
NUMBER OF DIALYSIS STATIDNS: 004

CDMMUNITY OIALYSIS SVCS OF MCKEESPDRT
723 WALNUT ST
MCKEESPORT PA 15132
INTERMEDIARY NO: 00363
RENAL NETWDRK = 22
PRDVIDER ND: 392532
BACKUP HDSPITAL: 390050
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDOIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF DWNERSHIP: DTHER-FDR PRDFIT
HCFA REGION: 03 HSA:
OATE APPROVEO: 811125 MSA: 6280
NUMBER DF DIALYSIS STATIDNS: 007

COMMUNITY OIALYSIS SERVICES
122 PARK AVE PLAZA
MEADVILLE PA 16335
INTERMEDIARY ND: 00363
RENAL NETWDRK = 22
PRDVIDER NO: 392537
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: OIALYSIS-CONDITIDNAL
TYPE OF OWNERSHIP: CORPDRATIDN-FOR PRDFIT
HCFA REGIDN: 03 HSA:
DATE APPRDVED: 830512 MSA:
NUMBER OF DIALYSIS STATIDNS: 006

DIALYSIS CLINIC INC
704 FOURTH AVE
NEW KENSINGTON PA 15068
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392535
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 821220 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 010

DIALYSIS CENTER OF MONTGOMERY
POWELL AND WEST WOODS STS
NORRISTOWN PA 19401
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392515
BACKUP HOSPITAL: 390195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 010

BMA OF EASTON
RTE 248 NORTHWOOD AVE
NORTHAMPTON PA 18042
INTERMEDIARY NO: 00360
RENAL NETWORK = 24
PROVIDER NO: 392517
BACKUP HOSPITAL: 390133
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 02
DATE APPROVED: 770831 MSA: 0240
NUMBER OF DIALYSIS STATIONS: 020

RENAL CARE OF OIL CITY
174 EAST BISSELL ST
OIL CITY PA 16301
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390171
CROSS-REFERENCE: 392329
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 07
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 004

BIO-MED APPL OF N PHILA INC
5933-39 N BROAD ST
PHILADELPHIA PA 19141
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392509
BACKUP HOSPITAL: 390142
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 023

BMA OF METROPOLITAN PHILA INC
201 N EIGHTH ST
PHILADELPHIA PA 19106
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392510
BACKUP HOSPITAL: 390059
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 018

GRADUATE MEDICAL ASSOCIATES INC
19TH & LOMBARD STS #701
PHILADELPHIA PA 19146
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392538
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 830701 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 009

ST AGNES MEDICAL CENTER
1900 S BROAD ST
PHILADELPHIA PA 19145
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390022
CROSS-REFERENCE: 392301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 009

TEMPLE UNIVERSITY HOSP
3401 N BROAD ST
PHILADELPHIA PA 19140
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390027
CROSS-REFERENCE: 392302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 012

HOSPITAL OF THE MED COLL OF PA
3300 HENRY AVE
PHILADELPHIA PA 19129
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390047
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 820507 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 006

HAHNEMANN UNIV HOSP
230 N BROAD ST
PHILADELPHIA PA 19102
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390051
CROSS-REFERENCE: 392306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 018
TRANSPLANT-UNCONDITIONAL

METROPOLITAN HOSP
201 NORTH EIGHTH ST
PHILADELPHIA PA 19106
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390059
CROSS-REFERENCE: 392307
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 000

UNIVERSITY OF PENNSYLVANIA HOSP
34TH AND SPRUCE STREETS
PHILADELPHIA PA 19104
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390111
CROSS-REFERENCE: 392319
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 007
TRANSPLANT-UNCONDITIONAL

ALBERT EINSTEIN MEDICAL CENTER
YORK AND TABOR ROADS
PHILADELPHIA PA 19141
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390142
CROSS-REFERENCE: 392338
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 006
TRANSPLANT-UNCONDITIONAL

GRADUATE HOSPITAL
415 S 19TH ST
PHILADELPHIA PA 19146
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390170
CROSS-REFERENCE: 392328
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 830701
NUMBER OF DIALYSIS STATIONS: 000
HSA: 01
MSA: 6160

THOMAS JEFFERSON UNIV HOSP
11TH WALNUT ST
PHILADELPHIA PA 19107
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390174
CROSS-REFERENCE: 392330
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 020
TRANSPLANT-CONDITIONAL
HSA: 01
MSA: 6160

LANKENAU HOSP
LANCASTER WEST OF CITY LINE
PHILADELPHIA PA 19151
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390195
CROSS-REFERENCE: 392332
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 831117
NUMBER OF DIALYSIS STATIONS: 000
HSA: 01
MSA: 6160

ST CHRISTOPHERS HOSP FOR CHILDREN
2600 NORTH LAWRENCE STREET
PHILADELPHIA PA 19133
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390259
CROSS-REFERENCE: 392336
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 770801
NUMBER OF DIALYSIS STATIONS: 006
TRANSPLANT-CONDITIONAL
HSA: 01
MSA: 6160

BMA OF PHILADELPHIA INC
3225 ARCH STREET
PHILADELPHIA PA 19104
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392501
BACKUP HOSPITAL: 390051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 770801
NUMBER OF DIALYSIS STATIONS: 030
HSA: 01
MSA: 6160

BMA OF CENTRAL PHILADELPHIA
250 NORTH 13TH ST
PHILADELPHIA PA 19107
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392507
BACKUP HOSPITAL: 390051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 770801
NUMBER OF DIALYSIS STATIONS: 029
HSA: 01
MSA: 6160

AIRPORT DIALYSIS FACILITY
6536 UPLAND STREET
PHILADELPHIA PA 19142
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392513
BACKUP HOSPITAL: 390111
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 770801
NUMBER OF DIALYSIS STATIONS: 012
HSA: 01
MSA: 6160

ROXBOROUGH DIALYSIS FACILITY
5800 RIDGE AVE
PHILADELPHIA PA 19128
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392516
BACKUP HOSPITAL: 390111
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 006

UNIV OF PA OUTPATIENT DIALYSIS
133 S 36 ST
PHILADELPHIA PA 19104
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392521
BACKUP HOSPITAL: 390111
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 790630 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 015

CHESTNUT HILL DIALYSIS CTR LTD
86 BETHLEHEM PIKE
PHILADELPHIA PA 19118
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392527
BACKUP HOSPITAL: 390051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800908 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 006

TEMPLE UNIV OUT-PT DIALYSIS UNIT
3400 N BROAD ST
PHILADELPHIA PA 19140
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392530
BACKUP HOSPITAL: 390027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 810511 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 010

FRANKLIN DIALYSIS CTRS INC
700 SPRUCE ST
PHILADELPHIA PA 19107
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392531
BACKUP HOSPITAL: 390111
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 810901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 010

BMA OF N E PHILADELPHIA
7143 FRANKFORD AVE
PHILADELPHIA PA 19135
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392533
BACKUP HOSPITAL: 390027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 811214 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 014

COMMUNITY DIALYSIS SERVICES
54TH & CEDAR AVE
PHILADELPHIA PA 19143
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392536
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 830701 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 008

ST FRANCIS GENERAL HOSPITAL
45TH ST OFF PENN AVE
PITTSBURGH PA 15201
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390029

CROSS-REFERENCE: 392303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA: 06
DATE APPROVED: 770901 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 004

ALLEGHENY GENERAL HOSP
320 E NORTH AVE
PITTSBURGH PA 15212
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390050

CROSS-REFERENCE: 392305
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPDRATIDN-NDT FOR PROFIT

HCFA REGION: 03 HSA: 06
DATE APPROVED: 770901 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 018

WESTERN PA HOSPITAL
4800 FRIENDSHIP AVE
PITTSBURGH PA 15224
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390090

CROSS-REFERENCE: 392316
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: CORPORATION-NDT FOR PROFIT

HCFA REGION: 03 HSA: 06
DATE APPROVED: 770901 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 017

VA HOSP
UNIVERSITY DR
PITTSBURGH PA 15240
INTERMEDIARY NO: 99990
RENAL NETWDRK = 22
PROVIDER NO: 39012F

CROSS-REFERENCE: 392321
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: VETERANS ADMINISTRATION - GDVERNMENT FEDERAL

HCFA REGION: 03 HSA: 06
DATE APPROVED: 770901 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 014

PRESBYTERIAN-UNIVERSITY HOSP
3420 FIFTH AVE
PITTSBURGH PA 15213
INTERMEDIARY NO: 00363
RENAL NETWDRK = 22
PRDVIDER ND: 390164

CROSS-REFERENCE: 392327
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMDDIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL TRANSPLANT-UNCDNDITIONAL
TYPE DF DWNERSHIP: CORPDRATION-NDT FOR PROFIT

HCFA REGION: 03 HSA: 06
DATE APPROVED: 770901 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 028

BIO MEDICAL APPLICATIONS
4401 PENN AVE
PITTSBURGH PA 15201
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392503

BACKUP HOSPITAL: 390029
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CDRPDRATIDN-FDR PROFIT

HCFA REGION: 03 HSA: 06
DATE APPRDVED: 770901 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 022

GODD SAMARITAN HOSPITAL
E NDRWEGIAN & TREMDNT STS
POTTSVILLE PA 17901
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390031

APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIDNAL
TYPE OF DWNERSHIP: CDRPORATIDN-NDT FOR PRDFIT

HCFA REGIDN: 03 HSA:
DATE APPRDVED: 830103 MSA:
NUMBER OF DIALYSIS STATIDNS: 003

BMA OF POTTSVILLE
MEDICAL ARTS BLDG RTE 61
POTTSVILLE PA 17901
INTERMEDIARY NO: 00360
RENAL NETWORK = 24
PROVIDER NO: 392518
BACKUP HOSPITAL: 390051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 03
DATE APPROVED: 770829 MSA:
NUMBER OF DIALYSIS STATIONS: 012

ST JOSEPHS HOSP
215 NORTH 12TH STREET
READING PA 19603
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390158
CROSS-REFERENCE: 392326
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 02
DATE APPROVED: 770701 MSA: 6680
NUMBER OF DIALYSIS STATIONS: 013

ROBERT PACKER HOSP
GUTHRIE SQUARE
SAYRE PA 18840
INTERMEDIARY NO: 00364
RENAL NETWORK = 26
PROVIDER NO: 390079
CROSS-REFERENCE: 392341
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 04
DATE APPROVED: 780404 MSA:
NUMBER OF DIALYSIS STATIONS: 005

MOSES TAYLOR HOSPITAL
700 QUINCY AVENUE
SCRANTON PA 18510
INTERMEDIARY NO: 00364
RENAL NETWORK = 24
PROVIDER NO: 390119
CROSS-REFERENCE: 392320
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 03
DATE APPROVED: 770901 MSA: 7560
NUMBER OF DIALYSIS STATIONS: 036

CENTRE COM HOSP-MOUNTAINVIEW
ORCHARD RD
STATE COLLEGE PA 16801
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390268
CROSS-REFERENCE: 392338
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 03 HSA: 09
DATE APPROVED: 790701 MSA: 8050
NUMBER OF DIALYSIS STATIONS: 008

CROZER CHESTER MEDICAL CENTER
15TH ST UPLAND AVE
UPLAND PA 19013
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390180
CROSS-REFERENCE: 392331
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 007

KIDNEY CTR OF DELAWARE CO LTD
15 ST AND UPLAND AVE
UPLAND-CHESTER PA 19013
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392508
BACKUP HOSPITAL: 390180
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 0240
NUMBER OF DIALYSIS STATIONS: 026

BMA OF SOUTHWESTERN PA INC
90 W CHESTNUT ST
WASHINGTON PA 15301
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392519

BACKUP HOSPITAL: 390029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 06
DATE APPROVED: 770909 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 011

WILKES-BARRE GENERAL HOSP
N RIVER & AUBURN STS
WILKES BARRE PA 18764
INTERMEDIARY NO: 00364
RENAL NETWORK = 24
PROVIDER NO: 390064

CROSS-REFERENCE: 392310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770901 MSA: 7560
NUMBER OF DIALYSIS STATIONS: 007

BMA OF WILKES-BARRE
56-58 LINDEN ST WEST
WILKES-BARRE PA 18702
INTERMEDIARY NO: 00364
RENAL NETWORK = 24
PROVIDER NO: 392512

BACKUP HOSPITAL: 390064
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770901 MSA: 7560
NUMBER OF DIALYSIS STATIONS: 020

FRANCIS V COSTELLO DIALYSIS CTR
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701
INTERMEDIARY NO: 00364
RENAL NETWORK = 24
PROVIDER NO: 390075

CROSS-REFERENCE: 392314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 770901 MSA: 9140
NUMBER OF DIALYSIS STATIONS: 015

YORK HOSPITAL
1001 SOUTH GEORGE ST
YORK PA 17405
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390046

CROSS-REFERENCE: 392304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 9280
NUMBER OF DIALYSIS STATIONS: 014

CENTROS DE NEFROLOGIA DEL CARIBE
TORRE SAN PABLO SUITE 900
BAYAMON PR 00619
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 402504
BACKUP HOSPITAL: 400061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 790612 MSA: 7440
NUMBER OF DIALYSIS STATIONS: 021

CENTROS DE NEFROLOGIA DEL CARIBE
P.O. BOX 6659
CAGUAS PR 00626
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 402505
BACKUP HOSPITAL: 400104
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 820518 MSA: 1310
NUMBER OF DIALYSIS STATIONS: 016

AUXILIO MUTUO HOSP
PONCE DE LEON AVENUE
HATO REY PR 00919
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 400016
CROSS-REFERENCE: 402301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 7440
NUMBER OF DIALYSIS STATIONS: 004

BIOMEDICAL APPLICATIONS OF SAN JUAN
205 DUARTE ST
HATO REY PR 00917
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 402501
BACKUP HOSPITAL: 400016
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 7440
NUMBER OF DIALYSIS STATIONS: 022

MAYAGUEZ MED CTR
P O BOX 1868
MAYAGUEZ PR 00708
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 400103
CROSS-REFERENCE: 402306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 4840
NUMBER OF DIALYSIS STATIONS: 003

BIOMEDICAL APPLICATIONS OF MAYAGUEZ
CARR #2 KM 1587
MAYAGUEZ PR 00708
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 402503
BACKUP HOSPITAL: 400103
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770201 MSA: 4840
NUMBER OF DIALYSIS STATIONS: 015

SANTO ASILO DE DAMAS HOSP
PONCE BY PASS
PONCE PR 00731
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 400022
CROSS-REFERENCE: 402302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 6360
NUMBER OF DIALYSIS STATIONS: 004

PONCE DIST HOSP
BO MACHUELO
PONCE PR 00731
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 400044
CROSS-REFERENCE: 402304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 6360
NUMBER OF DIALYSIS STATIONS: 004

BIO-MEDICAL APPL OF PONCE INC
ESTRELL #60 PO BOX 1990
PONCE PR 00731
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 402502
BACKUP HOSPITAL: 400002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 6360
NUMBER OF DIALYSIS STATIONS: 021

SAN JUAN MUN HOSP
PUERTO RICO MEDICAL CENTER
RIO PIEDRAS PR 00935
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 400015
CROSS-REFERENCE: 402300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 7440
NUMBER OF DIALYSIS STATIONS: 004

UNIVERSITY DIST HOSP
BARRIO MONACILLOS
RIO PIEDRAS PR 00935
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 400061
CROSS-REFERENCE: 402305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 7440
NUMBER OF DIALYSIS STATIONS: 013

HOSPITAL DELA CONCEPCION
41 LUNA STREET
SAN GERMAN PR 00753
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 400021
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP:
HCFA REGION: 02 HSA:
DATE APPROVED: 830902 MSA: 4840
NUMBER OF DIALYSIS STATIONS: 003

VA HOSP
BARRIO MONACILLOS
RIO PIEDRAS PR 00936
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 40003F
CROSS-REFERENCE: 402303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL
HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 7440
NUMBER OF DIALYSIS STATIONS: 015

ARTIFICIAL KIDNEY CNTR OF RHODE ISLAND
324 WATERMAN AVE
EAST PROVIDENCE RI 02904
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 412500
BACKUP HOSPITAL: 220110
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 770830
NUMBER OF DIALYSIS STATIONS: 050
HSA: 01
MSA: 6483

RHODE ISLAND HOSPITAL
593 EDDY ST
PROVIDENCE RI 02902
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 410007
CROSS-REFERENCE: 412300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 009
HSA: 01
MSA: 6483

MIRIAM HOSPITAL
164 SUMMIT AVE
PROVIDENCE RI 02906
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 410012
CROSS-REFERENCE: 412301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 004
HSA: 01
MSA: 6483

RHODE ISLAND RENAL INSTITUTE INC
2736 POST RD
WARWICK RI 02886
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 412501
BACKUP HOSPITAL: 410007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 770809
NUMBER OF DIALYSIS STATIONS: 013
HSA: 01
MSA: 6483

RHODE ISLAND RENAL INSTITUTE
ONE WEST DRIVE
WESTERLY RI 02891
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 412502
BACKUP HOSPITAL: 410007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 01
DATE APPROVED: 801119
NUMBER OF DIALYSIS STATIONS: 005
HSA:
MSA: 6483

AIKEN DIALYSIS CENTER
66 UNIVERSITY PARKWAY
AIKEN SC 29801
INTERMEDIARY NO: 00380
RENAL NETWDRK = 20
PRDVIDER NO: 422512
BACKUP HOSPITAL: 420004
APPROVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CDRPDRATIDN-FDR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800707 MSA: 0600
NUMBER OF DIALYSIS STATIONS: 006

ANDERSON DIALYSIS CLINIC INC
416 E CALHOON ST
ANDERSON SC 29621
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PRDVIDER NO: 422506
BACKUP HDSPITAL: 420004
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CDRPDRATIDN-FDR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPRDVED: 760901 MSA: 0405
NUMBER OF DIALYSIS STATIONS: 016

LOW CDUNTRY DIALYSIS FACILITY
215 S RIBAUT RD
BEAUFORT SC 29902
INTERMEDIARY ND: 00380
RENAL NETWDRK = 20
PRDVIDER NO: 422514
BACKUP HDSPITAL: 420067
APPROVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTEO SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMDDIALYSIS
TRAINING SERVICES: HEMDDIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF DWNERSHIP: CDRPORATIDN-FOR PROFIT
HCFA REGIDN: 04 HSA: 04
OATE APPROVED: 810128 MSA:
NUMBER OF DIALYSIS STATIONS: 008

BMA DF CAMDEN INC
1111 BROAD ST
CAMDEN SC 29020
INTERMEDIARY NO: 00380
RENAL NETWDRK = 20
PRDVIDER ND: 422509
BACKUP HOSPITAL: 420018
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF DWNERSHIP: OTHER-FDR PROFIT
HCFA REGION: 04 HSA:
DATE APPRDVED: 800501 MSA: ****
NUMBER OF DIALYSIS STATIONS: 007

MUSC HEMO & TRANSPLANT PROGRAM
171 ASHLEY AVE
CHARLESTON SC 29425
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 420004
CRDSS-REFERENCE: 422300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCDNDITIDNAL
TYPE OF DWNERSHIP: STATE-GDVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 1440
NUMBER OF DIALYSIS STATIONS: 012

DIALYSIS CLINIC INC
292 MEETING ST
CHARLESTON SC 29401
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422502
BACKUP HDSPITAL: 420004
APPROVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF DWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 1440
NUMBER OF DIALYSIS STATIDNS: 020

DCI-WEST OF THE ASHLEY
46A MARKFIELD RD
CHARLESTDN SC 29407
INTERMEDIARY ND: 00380
RENAL NETWDRK = 20
PRDVIDER ND: 422513
BACKUP HDSPITAL: 420004
APPRDVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTEO SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 04 HSA: 04
OATE APPRDVED: 801122 MSA: 1440
NUMBER OF DIALYSIS STATIONS: 023

TRIDENT KIDNEY CENTER
9305 MEDICAL PLAZA DR
CHARLESTON HEIGHTSSC 29405
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422516
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 821116 MSA: 1440
NUMBER OF DIALYSIS STATIONS: 010

TRI-COUNTY DIALYSIS CENTER
PEOPLES PLAZA,CESTRIAN SQUARE
CHESTER SC 29706
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422518
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830629 MSA:
NUMBER OF DIALYSIS STATIONS: 010

RICHLAND MEMORIAL HOSP-
3301 HAROLD ST EXT
COLUMBIA SC 29202
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 420018
CROSS-REFERENCE: 422302
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 1760
NUMBER OF DIALYSIS STATIONS: 000

BMA OF COLUMBIA
3321 MEDICAL PARK ROAD
COLUMBIA SC 29203
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422504
BACKUP HOSPITAL: 420018
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 1760
NUMBER OF DIALYSIS STATIONS: 028

FLORENCE DIALYSIS CLINIC
237 SOUTH WARLEY STREET
FLORENCE SC 29501
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422505
BACKUP HOSPITAL: 420004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 2655
NUMBER OF DIALYSIS STATIONS: 028

BMA OF GEORGETOWN
BLACK RIVER RD
GEORGETOWN SC 29440
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422519
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830628 MSA: ****
NUMBER OF DIALYSIS STATIONS: 010

ST FRANCIS COMMUNITY HOSP-
1 ST FRANCIS DR
GREENVILLE SC 29601
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 420023
CROSS-REFERENCE: 422303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 3160
NUMBER OF DIALYSIS STATIONS: 010

BIO MED APPLICATIONS OF GREENVILLE INC
1009 GROVE RD SUITE C 1
GREENVILLE SC 29605
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422503
BACKUP HOSPITAL: 420023
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 3160
NUMBER OF DIALYSIS STATIONS: 019

GREENWOOD DIALYSIS FACILITY
1020 SPRING STREET
GREENWOOD SC 29646
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422515
BACKUP HOSPITAL: 420071
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810520 MSA:
NUMBER OF DIALYSIS STATIONS: 008

MYRTLE BEACH DIALYSIS CENTER
7800 KINGS HIGHWAY
MYRTLE BEACH SC 29577
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422507
BACKUP HOSPITAL: 420004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790813 MSA:
NUMBER OF DIALYSIS STATIONS: 012

COMMUNITY DIALYSIS SERVICE
920 HOLLY ST
ORANGEBURG SC 29115
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422508
BACKUP HOSPITAL: 420068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 791203 MSA:
NUMBER OF DIALYSIS STATIONS: 012

DIALYSIS CLINICS INC.
203 FREEMONT AVE
SPARTANBURG SC 29303
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422511
BACKUP HOSPITAL: 420007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800721 MSA: 3160
NUMBER OF DIALYSIS STATIONS: 020

SUMTER DIALYSIS CENTER
214 HAMPTON ST
SUMTER SC 29150
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422510
BACKUP HOSPITAL: 420070
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800501 MSA:
NUMBER OF DIALYSIS STATIONS: 019

BMA OF LEXINGTON INC
110 B LEXINGTON MEDICAL MALL
WEST COLUMBIA SC 29169
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422517
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830107 MSA: 1760
NUMBER OF DIALYSIS STATIONS: 009

ST LUKES HOSP
105 S STATE ST
ABERDEEN SD 57401
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430014

CRDSS-REFERENCE: 432302
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA:
NUMBER OF DIALYSIS STATIONS: 005

HURON REGIDNAL MEDICAL CENTER
4TH & IOWA SE
HURDN SD 57350
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430011

CROSS-REFERENCE: 432301
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770818 MSA:
NUMBER OF DIALYSIS STATIONS: 002

ST MARYS HDSP
803 EAST DAKDTA
PIERRE SD 57501
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430015

CROSS-REFERENCE: 430015
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA:
DATE APPROVED: 801010 MSA:
NUMBER OF DIALYSIS STATIONS: 004

RAPID CITY REGIONAL HOSP
353 FAIRMDNT BLVD
RAPID CITY SD 57701
INTERMEDIARY NO: 52280
RENAL NETWORK = 07
PROVIDER NO: 430077

CROSS-REFERENCE: 432304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770719 MSA:
NUMBER OF DIALYSIS STATIONS: 005

SIOUX VALLEY HOSPITAL (ESRD)
1100 SOUTH EUCLID
SIOUX FALLS SD 57105
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430027

CROSS-REFERENCE: 432303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770808 MSA: 7760
NUMBER OF DIALYSIS STATIONS: 010

MEMDRIAL MEDICAL CENTER
402 FDURTH STREET N E
WATERTOWN SD 57201
INTERMEDIARY ND: 00141
RENAL NETWORK = 07
PROVIDER ND: 430001

CROSS-REFERENCE: 432300
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CDRPDRATION-NDT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA:
NUMBER OF DIALYSIS STATIONS: 005

BRISTOL DIALYSIS CENTER
208 MEMORIAL DRIVE DOCTORS BLDG
BRISTOL TN 37620
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442519
BACKUP HOSPITAL: 440063
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 810914
NUMBER OF DIALYSIS STATIONS: 005
HSA:
MSA: 3660

ERLANGER MEDICAL CENTER
975 E. THIRD ST.
CHATTANOOGA TN 37403
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 440104
CROSS-REFERENCE: 442304
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 000
HSA: 03
MSA: 1560

DIALYSIS CLINIC
829 MCCALLIE AVE.
CHATTANOOGA TN 37403
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442505
BACKUP HOSPITAL: 440023
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 022
HSA: 03
MSA: 1560

CUMBERLAND DIALYSIS CENTER INC
1608 HAYNES ST
CLARKSVILLE TN 37040
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442518
BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 810803
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA: 1660

CLEVELAND DIALYSIS FACILITY INC
2850 NORTH OCOEE STREET
CLEVELAND TN 37311
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442521
BACKUP HOSPITAL: 440104
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 811202
NUMBER OF DIALYSIS STATIONS: 008
HSA:
MSA:

MIDDLETON ARTIFICIAL KIDNEY
1705 GROVE STREET
COLUMBIA TN 38401
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442520
BACKUP HOSPITAL: 440073
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 810914
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA:

DIALYSIS AFFILIATES OF COOKEVILLE
427 N WILLOW #6
COOKEVILLE TN 38501
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442511
BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04
DATE APPROVED: 791113
NUMBER OF DIALYSIS STATIONS: 008
HSA:
MSA: ****

RHEA CO MEDICAL CENTER
HIGHWAY 27 NORTH
DAYTON TN 37321
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 440023
CROSS-REFERENCE: 442300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 004

DIALYSIS AFFILIATES OF WINCHESTER INC
HIGHWAY 41A & NICHOLSON ST
DECHERT TN 37324
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442510
BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790921 MSA: ****
NUMBER OF DIALYSIS STATIONS: 008

DIALYSIS CLINIC INC
6104 N MACK SMITH RD
E RIDGE TN 37412
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442514
BACKUP HOSPITAL: 440104
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 801001 MSA: 1560
NUMBER OF DIALYSIS STATIONS: 015

GREENVILLE DIALYSIS CENTER
616 E CHURCH STREET
GREENVILLE TN 37743
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442522
BACKUP HOSPITAL: 440063
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820712 MSA:
NUMBER OF DIALYSIS STATIONS: 004

DIALYSIS CLINIC INC
31 SANDSTONE CIRCLE
JACKSON TN 38301
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442504
BACKUP HOSPITAL: 440166
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 760901 MSA:
NUMBER OF DIALYSIS STATIONS: 025

EAST TN DIALYSIS CENTER
107 WOODLAWN DRIVE
JOHNSON CITY TN 37603
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442501
BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 3660
NUMBER OF DIALYSIS STATIONS: 015

KINGSPORT DIALYSIS CENTER
2612 JOHN B DENNIS BYPASS
KINGSPORT TN 37660
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442512
BACKUP HOSPITAL: 440176
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800201 MSA: 3660
NUMBER OF DIALYSIS STATIONS: 008

OIALYSIS CLINIC INC
3731 MARTIN MILL PIKE
KNOXVILLE TN 37920
INTERMEOIARY NO: 00390
RENAL NETWDRK = 18
PRDVIOER NO: 442503
BACKUP HOSPITAL: 440166
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPORATIDN-NDT FOR PRDFIT
HCFA REGIDN: 04 HSA: 02
DATE APPRDVEO: 760901 MSA: 3840
NUMBER DF OIALYSIS STATIONS: 028

FORT SANDERS KIONEY CENTER INC.
2001 LAUREL AVE SUITE 203
KNOXVILLE TN 37916
INTERMEOIARY ND: 00390
RENAL NETWORK = 18
PROVIOER NO: 442508
BACKUP HDSPITAL: 440125
APPROVEO AS: OIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTEO SERVICES: HEMDOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDOIALYSIS, PERITDNEAL, CAPO
MINIMUM UTILIZATIDN RATES: OIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NDT FOR PROFIT
HCFA REGION: 04 HSA: 02
DATE APPRDVED: 780925 MSA: 3840
NUMBER OF DIALYSIS STATIDNS: 019

OIALYSIS CLINIC INC
605 WEST OUE WEST AVE
MAOISON TN 37115
INTERMEOIARY ND: 00390
RENAL NETWDRK = 18
PROVIOER ND: 442507
BACKUP HDSPITAL: 440048
APPRDVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: OIALYSIS-UNCONOITIONAL
TYPE OF DWNERSHIP: CDRPDRATION-NOT FOR PROFIT
HCFA REGIDN: 04 HSA: 04
OATE APPROVED: 760901 MSA: 5360
NUMBER DF DIALYSIS STATIDNS: 022

BAPTIST MEM HOSP
1025 CRUMP BOULEVARO
MEMPHIS TN 38146
INTERMEDIARY NO: 00390
RENAL NETWDRK = 18
PRDVIOER ND: 440048
CROSS-REFERENCE: 442302
APPROVEO AS: DIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: CORPORATIDN-NDT FOR PROFIT
HCFA REGIDN: 04 HSA: 06
DATE APPRDVEO: 760901 MSA: 4920
NUMBER OF OIALYSIS STATIONS: 039

METHOOIST HOSP
1265 UNION AVE
MEMPHIS TN TN 38104
INTERMEOIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 440049
APPRDVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCDNOITIONAL
TYPE OF DWNERSHIP: CDRPORATION-NDT FOR PRDFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800801 MSA: 4920
NUMBER OF DIALYSIS STATIDNS: 010

UNIVERSITY DF TENNESSEE HOSPITAL
951 COURT
MEMPHIS TN 38163
INTERMEOIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 440166
CRDSS-REFERENCE: 442306
APPROVEO AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEOERAL
HCFA REGIDN: 04 HSA: 06
OATE APPRDVED: 800818 MSA: 4920
NUMBER OF OIALYSIS STATIONS: 005
TRANSPLANT-UNCONOITIDNAL

LE BONHEUR CHILDRENS HOSP
848 AOAMS AVE
MEMPHIS TN 38103
INTERMEOIARY NO: 00392
RENAL NETWORK = 18
PROVIOER NO: 440179
CROSS-REFERENCE: 442307
APPROVED AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGIDN: 04 HSA: 01
DATE APPRDVEO: 760901 MSA: 4920
NUMBER DF OIALYSIS STATIONS: 004

UNIVERSITY PHYSICIANS DIALYSIS CTR
66 N PAULINE SUITE B100
MEMPHIS TN 38105
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442523
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 831101 MSA: 4920
NUMBER OF DIALYSIS STATIONS: 028

MORRISTOWN DIALYSIS CENTER
826 W FOURTH NORTH ST
MORRISTOWN TN 37814
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442517
BACKUP HOSPITAL: 440030
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NDT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810806 MSA:
NUMBER OF DIALYSIS STATIONS: 008

VANDERBILT UNIV HOSP-
1161 21ST AVE SOUTH
NASHVILLE TN 37232
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PRDVIDER NO: 440039
CROSS-REFERENCE: 442301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 5360
NUMBER OF DIALYSIS STATIONS: 008
TRANSPLANT-UNCONDITIONAL

DIALYSIS CLINIC INC
1714 HAYES STREET
NASHVILLE TN 37203
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442502
BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 5360
NUMBER OF DIALYSIS STATIONS: 036

MIDDLE TN ARTIFICIAL KIDNEY CTR
1005-18TH AVE. NORTH
NASHVILLE TN 37208
INTERMEDIARY NO: 00392
RENAL NETWORK = 18
PRDVIDER NO: 442509
BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVED: 790701 MSA: 5360
NUMBER OF DIALYSIS STATIONS: 010

DIALYSIS AFFILIATES OF OAK RIDGE
575 OAK RIOGE TURNPIKE
OAK RIDGE TN 37830
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442513
BACKUP HOSPITAL: 440034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
OATE APPROVED: 800716 MSA: 3840
NUMBER OF DIALYSIS STATIONS: 008

PORTLAND DIALYSIS CLINIC
HIGHLAND MED CTR-ROUTE 4
PORTLAND TN 37148
INTERMEDIARY ND: 00390
RENAL NETWDRK = 18
PROVIDER NO: 442516
BACKUP HOSPITAL: 440095
APPROVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810602 MSA: 5360
NUMBER OF DIALYSIS STATIONS: 004

ABILENE AREA DIALYSIS CENTER
1802 PINE STREET
ABILENE TX 79601
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PRDVIDER ND: 452511
BACKUP HDSPITAL: 450015
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: DTHER-FDR PRDFIT
HCFA REGIDN: 06 HSA: 04
DATE APPRDVED: 770831 MSA: 0040
NUMBER DF DIALYSIS STATIDNS: 020

SDUTH TEXAS KIDNEY CENTER
559 B. HIGHWAY 281 N
ALICE TX 78332
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PRDVIDER ND: 452537
BACKUP HDSPITAL: 450153
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: DTHER-FDR PRDFIT
HCFA REGIDN: 06 HSA:
DATE APPRDVED: 801029 MSA: ****
NUMBER DF DIALYSIS STATIDNS: 006

ST ANTHDNYS HDSP
734 N PDLK ST
AMARILLD TX 76176
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PRDVIDER ND: 450231
CRDSS-REFERENCE: 452340
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 06 HSA: 01
DATE APPRDVED: 760901 MSA: 0320
NUMBER DF DIALYSIS STATIDNS: 004

AMARILLD HIGH PLAINS DIALYSIS CENTER
5920 AMARILLD BLVD WEST
AMARILLD TX 79106
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PRDVIDER ND: 452513
BACKUP HDSPITAL: 450231
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES: HEMDDIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: DTHER-FDR PRDFIT
HCFA REGIDN: 06 HSA: 01
DATE APPRDVED: 770831 MSA: 0320
NUMBER DF DIALYSIS STATIDNS: 022

ANGLETDN DANBURY DIALYSIS CLINIC
135 HDSPITAL DR
ANGLETDN TX 77515
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PRDVIDER ND: 452549
BACKUP HDSPITAL: 450068
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CORPDRATIDN-FDR PRDFIT
HCFA REGIDN: 06 HSA:
DATE APPROVED: 821001 MSA: ****
NUMBER DF DIALYSIS STATIDNS: 006

BRACKENRIDGE HDSP
601 E 15TH ST
AUSTIN TX 78701
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PRDVIDER ND: 450124
CRDSS-REFERENCE: 452313
APPRDVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL TRANSPLANT-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CITY/CDUNTY-GDVERNMENT NDN-FEDERAL
HCFA REGIDN: 06 HSA: 06
DATE APPRDVED: 770831 MSA: 0640
NUMBER DF DIALYSIS STATIDNS: 000

AUSTIN DIAGNDSTIC CLINIC
801 W 34TH ST
AUSTIN TX 78705
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PRDVIDER ND: 452503
BACKUP HDSPITAL: 450124
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: DTHER-FDR PRDFIT
HCFA REGIDN: 06 HSA: 06
DATE APPRDVED: 770831 MSA: 0640
NUMBER DF DIALYSIS STATIDNS: 033

MATAGORDA GENERAL HOSP
1115 AVE G
BAY CITY TX 77414
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450465
CROSS-REFERENCE: 452329
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA:
NUMBER OF DIALYSIS STATIONS: 009

GDLDEN TRIANGLE DIALYSIS CTR
3282 COLLEGE
BEAUMONT TX 77701
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PRDVIDER ND: 452524
BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 10
DATE APPROVED: 770901 MSA: 0840
NUMBER OF DIALYSIS STATIONS: 022

VALLEY HEMODIALYSIS CENTER INC
855 W. PRICE RD #3
BROWSVILLE TX 78520
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452517
BACKUP HOSPITAL: 450237
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FDR PROFIT
HCFA REGION: 06 HSA: 08
DATE APPROVED: 770831 MSA: 1240
NUMBER OF DIALYSIS STATIONS: 010

HEALTH SYSTEMS INTERNATIONAL
1705 EAST 29TH ST
BRYAN TX 77801
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PRDVIDER ND: 452550
BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 820927 MSA: 1260
NUMBER OF DIALYSIS STATIONS: 010

CARTHAGE DIALYSIS CENTER
301 E SABINEE
CARTHAGE TX 75633
INTERMEDIARY NO: 00400
RENAL NETWDRK = 11
PROVIDER NO: 452556
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830808 MSA: ****
NUMBER OF DIALYSIS STATIONS: 006

SPOHN HOSP-RENAL CARE UNIT
600 ELIZABETH ST
CORPUS CHRISTI TX 78404
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER ND: 450153
CRDSS-REFERENCE: 452315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CDRPDRATION-NOT FOR PRDFIT
HCFA REGION: 06 HSA: 08
DATE APPROVED: 770831 MSA: 1880
NUMBER DF DIALYSIS STATIONS: 018

COASTAL BEND RENAL DIALYSIS FAC
2733 SWANTNER DRIVE
CORPUS CHRISTI TX 78404
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER ND: 452514
BACKUP HDSPITAL: 450153
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGIDN: 06 HSA: 08
DATE APPROVED: 770831 MSA: 1880
NUMBER DF DIALYSIS STATIONS: 015

MEDICAL ARTS CLINIC DIALYSIS CTR
301 HOSPITAL DR
CORSICANA TX 75110
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452553
BACKUP HOSPITAL: 450051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830404 MSA: ****
NUMBER OF DIALYSIS STATIONS: 008

DALLAS NORTH DIALYSIS CENTER
7777 FOREST LANE
DALLAS TX 75230
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452521
BACKUP HOSPITAL: 450462
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 780213 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 017

PARKLAND MEMORIAL HOSPITAL
5201 HARRY HINES BLVD.
DALLAS TX 75235
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450015
CROSS-REFERENCE: 452301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770831 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 007

ST PAULS HOSP
5909 HARRY HINES BLVD
DALLAS TX 75235
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450044
CROSS-REFERENCE: 452307
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770901 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 000

METHODIST CENTRAL HOSP (ESRD)
301 W COLORADO BLVD
DALLAS TX 75208
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450051
CROSS-REFERENCE: 452308
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 810623 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 002

PRESBYTERIAN HOSP
8200 WALNUT HILL LANE
DALLAS TX 75231
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450462
CROSS-REFERENCE: 452327
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770901 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 003

CHILDRENS MEDICAL CENTER
1935 AMELIA ST
DALLAS TX 75235
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450560
CROSS-REFERENCE: 452332
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 790914 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 002

SOUTHWESTERN DIALYSIS FACILITY
6010 FOREST PARK RD
DALLAS TX 75235
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452501
BACKUP HOSPITAL: 450462
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770831 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 034

DALLAS KIDNEY DISEASE CLINIC
3604 LIVE OAK
DALLAS TX 75204
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452505
BACKUP HOSPITAL: 450462
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770831 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 053

OAK CLIFF DIALYSIS CENTER
516 SOUTH HAMPTON
DALLAS TX 75208
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452516
BACKUP HOSPITAL: 450462
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770831 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 014

VAL VERDE MEMORIAL HOSP
801 BEDELL AVE , P O BOX 1527
DEL RIO TX 78840
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450154
CROSS-REFERENCE: 452316
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 09
DATE APPROVED: 770831 MSA:
NUMBER OF DIALYSIS STATIONS: 007

WATSON W WISE MEDICAL CTR
1201 W WASHINGTON #200
DENISON TX 75020
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450324
CROSS-REFERENCE: 452343
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 05
DATE APPROVED: 780112 MSA: 7640
NUMBER OF DIALYSIS STATIONS: 010

DENTON DIALYSIS CLINIC INC
4309 MESA DRIVE
DENTON TX 76201
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452528
BACKUP HOSPITAL: 450135
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 780701 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 008

HOTEL DIEU HOSPITAL MEDICAL CENTER
1014 N STANTON ST
EL PASO TX 79902
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450013
CROSS-REFERENCE: 452300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 03
DATE APPROVED: 770831 MSA: 2320
NUMBER OF DIALYSIS STATIONS: 040

HARRIS HOSP-METHODIST
1300 W CANNON
FT WORTH TX 76112
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450135
CROSS-REFERENCE: 452337
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770901 MSA: 2800
NUMBER OF DIALYSIS STATIONS: 000

DIALYSIS ASSOCIATES
1408 ST LOUIS
FORT WORTH TX 76104
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452502
BACKUP HOSPITAL: 450135
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770831 MSA: 2800
NUMBER OF DIALYSIS STATIONS: 040

UNIVERSITY OF TEXAS-MEDICAL BRANCH
8TH & MECHANIC STS
GALVESTON TX 77550
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450018
CROSS-REFERENCE: 452303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 2920
NUMBER OF DIALYSIS STATIONS: 019
TRANSPLANT-UNCONDITIONAL

ISLAND DIALYSIS CTR
707 TREMONT
GALVESTON TX 77550
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452520
BACKUP HOSPITAL: 450018
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770926 MSA: 2920
NUMBER OF DIALYSIS STATIONS: 017

THE AUSTIN DIAGNOSTIC CLINIC
1123 N. ORANGE RT 3 BOX 223
GIDDINGS TX 78942
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452529
BACKUP HOSPITAL: 450124
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 06
DATE APPROVED: 790219 MSA: ****
NUMBER OF DIALYSIS STATIONS: 008

MID CITIES DIALYSIS CENTER
HIGHWAY 360 AT AVE K
GRAND PRAIRIE TX 75051
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452534
BACKUP HOSPITAL: 450462
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 790521 MSA: 1920
NUMBER OF DIALYSIS STATIONS: 012

GREENVILLE DIALYSIS CENTER
2805 MITHCELL ST #800
GREENVILLE TX 75401
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452535
BACKUP HOSPITAL: 450015
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 800204 MSA: ****
NUMBER OF DIALYSIS STATIONS: 010

WATSON W WISE MEMORIAL DIALYSIS CTR
1930 ED CAREY DR
HARLINGEN TX 78550
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452551
BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 821229 MSA: 1240
NUMBER OF DIALYSIS STATIONS: 008

W. W. WISE MEMORIAL DIALYSIS CENTER
1930 ED. CAREY DR
HARLINGEN TX 78550
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452531
BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 790628 MSA: 1240
NUMBER OF DIALYSIS STATIONS: 010

HERMANN HOSP
1203 ROSS STERLING AVE
HOUSTON TX 77030
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450068
CROSS-REFERENCE: 452309
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770401 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 014

HARRIS COUNTY HOSPITAL DISTRICT
726 GILLETTE-BOX 66769
HOUSTON TX 77019
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450289
CROSS-REFERENCE: 452322
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 007

METHODIST HOSPITAL-ESRD
6516 BERTNER BLVD
HOUSTON TX 77025
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450358
CROSS-REFERENCE: 452324
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770901 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 040

TEXAS CHILDRENS HOSP (ESRD)
6621 FANNIN ST-BOX 2029
HOUSTON TX 77030
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450576
CROSS-REFERENCE: 452333
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 004

GULF COAST DIALYSIS CENTER
4407 YOAKUM BLVD
HOUSTON TX 77006
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452500
BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 049

DIAGNOSTIC CLINIC OF HOUSTON
6448 FANNIN
HOUSTON TX 77030
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452509
BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 009

WEST HOUSTON DIALYSIS FACILITY
9623 LONG POINT ROAD
HOUSTON TX 77024
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452519
BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770901 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 017

ZIMMERMAN MEDICAL CLINIC DIALYSIS CTR
7707 FANNIN SUITE 250
HOUSTON TX 77054
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452523
BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 770613 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 014

JACINTO TOWERS ARTIFICIAL KIDNEY CTR.
10100 E. FREEWAY SUITE 100
HOUSTON TX 77029
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452530
BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 11
DATE APPROVED: 790427 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 013

SOUTHEAST KIDNEY CENTER
506 E HARRIS AVE
PASADENA TX 77506
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452533
BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 790604 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 015

ST JOSEPH DIALYSIS CTR
2424 HAMILTON SUITE 200
HOUSTON TX 77004
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452554
BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830411 MSA: ****
NUMBER OF DIALYSIS STATIONS: 012

KERRVILLE KIDNEY DISEASE DIALYSIS CT
320 W WATER ST SUITE A
KERRVILLE TX 78028
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452546
BACKUP HOSPITAL: 450214
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 811201 MSA: ****
NUMBER OF DIALYSIS STATIONS: 010

SCOTT & WHITE KILLEEN CLINIC
3801 SCOTT & WHITE DR
KILLEEN TX 76541
INTERMEDIARY NO: 00400
RENAL NETWDRK = 11
PROVIDER NO: 452538
BACKUP HOSPITAL: 450462
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 801119 MSA: 3810
NUMBER OF DIALYSIS STATIONS: 006

GOOD SHEPHERD MEDICAL CENTER
621 N 5TH ST
LONGVIEW TX 75601
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450037
CROSS-REFERENCE: 452306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 07
DATE APPROVED: 770831 MSA: 4420
NUMBER OF DIALYSIS STATIONS: 012

METHODIST HOSP
3615 19TH ST BOX 1201
LUBBOCK TX 79408
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450457
CRDSS-REFERENCE: 452326
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 4600
NUMBER OF DIALYSIS STATIONS: 000

LUBBOCK GENERAL HOSPITAL
602 INDIANA AVE BDX4229
LUBBDCK TX 79409
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PROVIDER NO: 450686
CROSS-REFERENCE: 452341
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF DWNERSHIP: DTHER-NDT FDR PRDFIT
HCFA REGION: 06 HSA: 02
DATE APPRDVED: 780901 MSA: 4600
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-CONDITIONAL

SOUTH PLAINS DIALYSIS CENTER
4410 22ND PLAZA
LUBBDCK TX 79410
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PRDVIDER ND: 452506
BACKUP HOSPITAL: 450457
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 4600
NUMBER OF DIALYSIS STATIONS: 032

MEMORIAL HOSP
FRANK & FRANKLIN STS
LUFKIN TX 75901
INTERMEDIARY ND: 00400
RENAL NETWDRK = 11
PRDVIDER ND: 450211
CROSS-REFERENCE: 452345
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-CONDITIONAL
TYPE OF DWNERSHIP: CORPDRATION-NOT FDR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 811110 MSA:
NUMBER OF DIALYSIS STATIONS: 012

MADISON CO MEDICAL CENTER
100 W CROSS ST BOX 698
MADISONVILLE TX 77864
INTERMEDIARY NO: 00400
RENAL NETWDRK = 11
PROVIDER ND: 450467
CRDSS-REFERENCE: 452330
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF DWNERSHIP: COUNTY-GOVERNMENT NDN-FEDERAL
HCFA REGION: 06 HSA: 06
DATE APPRDVED: 770831 MSA:
NUMBER OF DIALYSIS STATIONS: 012

VALLEY HEMODIALYSIS CENTER INC.
1117 E DALLAS
MCALLEN TX 78501
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452508
BACKUP HOSPITAL: 450237
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 08
DATE APPROVED: 770831 MSA: 4880
NUMBER OF DIALYSIS STATIONS: 022

MEMORIAL HOSPITAL
1204 MOUND ST
NACOGDOCHES TX 75961
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450508
CROSS-REFERENCE: 452331
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 10
DATE APPROVED: 770831 MSA:
NUMBER OF DIALYSIS STATIONS: 010

MEDICAL CENTER HOSP (ESRD)
415 NORTH ALLEGHANEY
ODESSA TX 79761
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450132
CROSS-REFERENCE: 452314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 12
DATE APPROVED: 770831 MSA: 5800
NUMBER OF DIALYSIS STATIONS: 003

PERMIAN BASIN DIAYLSIS CENTER
506 N ALLEGHENY
ODESSA TX 79761
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452512
BACKUP HOSPITAL: 450132
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 12
DATE APPROVED: 770831 MSA: 5800
NUMBER OF DIALYSIS STATIONS: 010

ST JOSEPHS HOSP INC
820 CLARKSVILLE ST P O BOX 70
PARIS TX 75460
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450196
CROSS-REFERENCE: 452339
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 07
DATE APPROVED: 771209 MSA:
NUMBER OF DIALYSIS STATIONS: 012

PITTSBURG MEDICAL & SURGICAL HOSP
414 QUITMAN
PITTSBURG TX 75686
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450098
CROSS-REFERENCE: 452342
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 790108 MSA:
NUMBER OF DIALYSIS STATIONS: 006

ST MARY HOSPITAL OF PT ARTHUR
3600 GATES BLVD.
PORT ARTHUR TX 77640
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450096
CROSS-REFERENCE: 452312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 10
DATE APPROVED: 770831 MSA: 0840
NUMBER OF DIALYSIS STATIONS: 008

ROSENBERG DIALYSIS FACILITY
3303 WEST RD
ROSENBERG TX 77471
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452542

BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 810605 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 013

ST JOHNS RENAL CARE CENTER
2018 PULLIAM ST BOX 1191
SAN ANGELO TX 76901
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450376

CROSS-REFERENCE: 452325
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA: 04
DATE APPROVED: 770831 MSA: 7200
NUMBER OF DIALYSIS STATIONS: 012

MEDICAL CENTER HOSP-RENAL LAB
4502 MEDICAL DR
SAN ANTONIO TX 78229
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450213

CROSS-REFERENCE: 452318
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 09
DATE APPROVED: 770831 MSA: 7240
NUMBER OF DIALYSIS STATIONS: 011
TRANSPLANT-UNCONDITIONAL

SANTA ROSA MEDICAL CENTER
519 W. HOUSTON ST.
SAN ANTONIO TX 78205
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450237

CROSS-REFERENCE: 452319
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA: 09
DATE APPROVED: 770831 MSA: 7240
NUMBER OF DIALYSIS STATIONS: 037

KIDNEY DISEASE CLINIC
7540 LOUIS PASTEUR
SAN ANTONIO TX 78229
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452507

BACKUP HOSPITAL: 450631
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 06 HSA: 09
DATE APPROVED: 770831 MSA: 7240
NUMBER OF DIALYSIS STATIONS: 030

LAREDO KIDNEY CENTER
1020 EAST CALTON(REAR)
LAREDO TX 78041
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452518

BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 06 HSA: 08
DATE APPROVED: 770831 MSA: 4080
NUMBER OF DIALYSIS STATIONS: 012

SAN ANTONIO KIDNEY DISEASE CTR
1222 MCCULLOUGH
SAN ANTONIO TX 78212
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452527

BACKUP HOSPITAL: 450237
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 06 HSA: 09
DATE APPROVED: 780206 MSA: 7240
NUMBER OF DIALYSIS STATIONS: 032

EAGLE PASS KIDNEY DISEASE CLINIC
950 PUEBLA DR BOX 2546
EAGLE PASS TX 78852
INTERMEDIARY NO: 00390
RENAL NETWORK = 11
PROVIDER NO: 452541
BACKUP HOSPITAL: 450237
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 04
DATE APPROVED: 810301 MSA: ****
NUMBER OF DIALYSIS STATIONS: 010

SOUTHSIDE KIDNEY DISEASE CLINIC
1335 S E MILITARY DR
SAN ANTONIO TX 78214
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452544
BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 810727 MSA: 7240
NUMBER OF DIALYSIS STATIONS: 020

AUSTIN DIAGNOSTIC CLINIC
132 JACKSON LANE
SAN MARCOS TX 78666
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452522
BACKUP HOSPITAL: 450124
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 06
DATE APPROVED: 770831 MSA: 0640
NUMBER OF DIALYSIS STATIONS: 008

KIDNEY DISEASE CLINIC OF SEGUIN
114 N CROCKETT ST
SEGUIN TX 78155
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452545
BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 811120 MSA: 7240
NUMBER OF DIALYSIS STATIONS: 006

STEPHENVILLE GENERAL HOSPITAL INC
411 NORTH BELKNAP
STEPHENVILLE TX 76401
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450351
CROSS-REFERENCE: 452323
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 04
DATE APPROVED: 780306 MSA:
NUMBER OF DIALYSIS STATIONS: 003

SCOTT & WHITE CLINIC
2401 S 31ST ST
TEMPLE TX 76501
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452504
BACKUP HOSPITAL: 450054
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 06
DATE APPROVED: 770831 MSA: 3810
NUMBER OF DIALYSIS STATIONS: 010

TEXARKANA REGIONAL DIALYSIS CTR
4800 TEXAS AV
TEXARKANA TX 75503
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452552
BACKUP HOSPITAL: 450200
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830301 MSA: 8360
NUMBER OF DIALYSIS STATIONS: 022

W. W. WISE REGIONAL DIALYSIS CENTER
815 EAST FIRST
TYLER TX 75701
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452532
BACKUP HOSPITAL: 450083
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 790709
NUMBER OF DIALYSIS STATIONS: 027
HSA:
MSA: 8640

KIDNEY DISEASE CLINIC OF UVALDE
1001 GARNER EIELD RD
UVALDE TX 78801
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452540
BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 810116
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA: ****

DETAR HOSP
506 E SAN ANTONIO ST
VICTORIA TX 77901
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450147
CROSS-REFERENCE: 452338
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 771019
NUMBER OF DIALYSIS STATIONS: 012
HSA: 08
MSA: 8750

BRAZOS KIDNEY DISEASE CTR
3420 PINE AVE
WACO TX 78708
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452526
BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 771027
NUMBER OF DIALYSIS STATIONS: 025
HSA: 06
MSA: 8800

NORTH TEXAS DIALYSIS CENTER
1515 TENTH STREET
WICHITA FALLS TX 76301
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452510
BACKUP HOSPITAL: 450010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 015
HSA: 04
MSA: 9080

CYPRESS CREEK DIALYSIS FACILITY
9449 GROGANS MILL RD
WOODLANDS TX 77380
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452539
BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 801120
NUMBER OF DIALYSIS STATIONS: 016
HSA:
MSA: 1660

LOGAN DIALYSIS FACILITY
1400 NORTH 500 EAST
LOGAN UT 84321
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462507
BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 08
DATE APPROVED: 810202
NUMBER OF DIALYSIS STATIONS: 003
HSA:
MSA:

MIDVALE DIALYSIS
7304 SOUTH 300 WEST SUITE 204
MIDVALE UT 84047
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462509
BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 08
DATE APPROVED: 820212
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA: 7160

WEBER BASIN DIALYSIS CENTER
1190 EAST 5425 SOUTH
OGDEN UT 84403
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462513
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 08
DATE APPROVED: 830317
NUMBER OF DIALYSIS STATIONS: 012
HSA:
MSA: 7160

CASTLEVIEW DIALYSIS
RFD 2 BOX 46
PRICE UT 84501
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462510
BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 08
DATE APPROVED: 820217
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA:

PROVO DIALYSIS CENTER
1034 NORTH 500 WEST
PROVO UT 86401
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462504
BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 08
DATE APPROVED: 770325
NUMBER OF DIALYSIS STATIONS: 007
HSA: 01
MSA: 6520

SEVIER VALLEY DIALYSIS
1100 NORTH MAIN
RICHFIELD UT 84647
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462508
BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 08
DATE APPROVED: 820108
NUMBER OF DIALYSIS STATIONS: 005
HSA:
MSA:

UINTAH BASIN DIALYSIS CTR
PO BOX 1863
ROOSEVELT UT 84066
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462506
BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 08
DATE APPROVED: 800505
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA:

UNIVERSITY OF UTAH MED CTR
50 N MEDICAL DR
SALT LAKE CITY UT 84132
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 460009

CROSS-REFERENCE: 462300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770825 MSA: 7160
NUMBER OF DIALYSIS STATIONS: 002

VA HOSP
500 FOOTHILL DR
SALT LAKE CITY UT 84113
INTERMEDIARY NO: 99990
RENAL NETWORK = 05
PROVIDER NO: 46002F

CROSS-REFERENCE: 462301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-EXCEPTION
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770805 MSA: 7160
NUMBER OF DIALYSIS STATIONS: 012

UTAH DIALYSIS LABORATORY INC
633 EAST SOUTH TEMPLE
SALT LAKE CITY UT 84102
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462501

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA: 7160
NUMBER OF DIALYSIS STATIONS: 012

DIVISION OF ARTIFICIAL ORGANS DTC
BLDG 535-50 N MEDICAL DR
SALT LAKE CITY UT 84132
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462503

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770824 MSA: 7160
NUMBER OF DIALYSIS STATIONS: 011

CENTRAL VALLEY KIDNEY CENTER
1459 EAST 3900 SOUTH
SALT LAKE CITY UT 84117
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462505

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 08 HSA:
DATE APPROVED: 800408 MSA: 7160
NUMBER OF DIALYSIS STATIONS: 011

DIALYSIS IN WONDERLAND
BLDG 535 UNIV OF UTAH
SALT LAKE CITY UT 84112
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462512

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 08 HSA:
DATE APPROVED: 820710 MSA: 7160
NUMBER OF DIALYSIS STATIONS: 006

DIXIE DIALYSIS
544 SOUTH 400 EAST
ST GEORGE UT 84770
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462511

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 08 HSA:
DATE APPROVED: 820514 MSA:
NUMBER OF DIALYSIS STATIONS: 005

MEDICAL CENTER HOSPITAL OF VERMONT
COLCHESTER AVE
BURLINGTON VT 05401
INTERMEDIARY NO: 00270
RENAL NETWORK = 28
PROVIDER NO: 470003

CROSS-REFERENCE: 472300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 1303
NUMBER OF DIALYSIS STATIONS: 011

CHARLES HARWOOD MEM HOSP
ESTATE ORANGE GROVE
CHRISTIANSTEAD VI 00820
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 480002

CROSS-REFERENCE: 482301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 003

ST THOMAS HOSPITAL
HOSPITAL LINE
ST THOMAS VI 00801
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 480001

CROSS-REFERENCE: 482300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 02
DATE APPROVED: 821201 MSA:
NUMBER OF DIALYSIS STATIONS: 003
TRANSPLANT-CONDITIONAL

NORTHERN VA DIALYSIS CTR
5249 DUKE ST SUITE 208
ALEXANDRIA VA 22304
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 492505
BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 02
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 020

BMA OF NORTHERN VA
1701 N GEORGE MASON DR
ARLINGTON VA 22205
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 492515
BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 02
DATE APPROVED: 770101 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 006

UNIVERSITY OF VIRGINIA HOSP
UNIVERSITY STATION BOX 133
CHARLOTTESVILLE VA 22903
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490009
CROSS-REFERENCE: 492301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 1540
NUMBER OF DIALYSIS STATIONS: 019

ALLEGHANY DIALYSIS FACILITY
ROUTE 2 VALLEY RIDGE ROAD
COVINGTON VA 24426
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492522
BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800723 MSA:
NUMBER OF DIALYSIS STATIONS: 006

DANVILLE UROLOGIC CLINIC
1040 MAIN ST
DANVILLE VA 24541
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492501
BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 03
DATE APPROVED: 770801 MSA: 1950
NUMBER OF DIALYSIS STATIONS: 020

SOUTHWEST VA DIALYSIS FACILITY
ROUTE 460
DEEL BUCHANAN VA 24656
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492531
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 830221 MSA:
NUMBER OF DIALYSIS STATIONS: 007

RICHARDSON MEMORIAL DIALYSIS CTR
306 WEAVER AVE
EMPORIA VA 23847
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492518
BACKUP HOSPITAL: 490007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 791015 MSA:
NUMBER OF DIALYSIS STATIONS: 018

BMA OF ARLINGTON
8316 ARLINGTON BLVD.
FAIRFAX VA 22030
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 492504
BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 02
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 024

FAIRFAX HOSPITAL
3300 GALLOWS RD
FALLS CHURCH VA 22046
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 490063
CROSS-REFERENCE: 492312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 790606 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 006

FARMVILLE DIALYSIS FACILITY
800 BUFFALO ST
FARMVILLE VA 23901
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492526
BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800903 MSA:
NUMBER OF DIALYSIS STATIONS: 006

FREDERICKSBURG DIALYSIS CENTER
1701 FALL HILL AVE
FREDERICKSBURG VA 22401
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492508
BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 02
DATE APPROVED: 770801 MSA:
NUMBER OF DIALYSIS STATIONS: 007

TWIN COUNTY DIALYSIS CENTER
607 GLENDALE ROAD
GALAX VA 24333
INTERMEDIARY NO: 00424
RENAL NETWORK = 30
PROVIDER NO: 492529
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 821013 MSA:
NUMBER OF DIALYSIS STATIONS: 005

GLOUCHESTER DIALYSIS CTR INC
POB 739 RTE 17
GLOUCHESTER VA 23061
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492514
BACKUP HOSPITAL: 490052
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 05
DATE APPROVED: 770715 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 010

HAMPTON GENERAL DIALYSIS CTR
3120 VICTORIA BLVD
HAMPTON VA 23669
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490093
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800909 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 009

HARRISONBURG DIALYSIS CENTER
847 CANTRELL AVE
HARRISONBURG VA 22801
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492507

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 03 HSA: 02
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 009

LYNCHBURG DIALYSIS FACILITY
2015 TATE SPRINGS RD
LYNCHBURG VA 24501
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492509

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770901 MSA: 4640
NUMBER OF DIALYSIS STATIONS: 015

BMA OF SMYTH COUNTY INC
1154 SNIDER STREET
MARION VA 24543
INTERMEDIARY NO: 00424
RENAL NETWORK = 30
PROVIDER NO: 492510

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 007

MARTINSVILLE DIALYSIS FACILITY
COMMONWEALTH BOULEVARD
MARTINSVILLE VA 24112
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492527

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 820111 MSA:
NUMBER OF DIALYSIS STATIONS: 007

ARTIFICIAL KIDNEY CENTER
OF EASTERN SHORE
NASSAWADOX VA 23413
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492524

BACKUP HOSPITAL: 490030
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800711 MSA: ****
NUMBER OF DIALYSIS STATIONS: 007

MARY IMMACULATE HOSPITAL
800 DENBIGH BLVD
NEWPORT NEWS VA 23607
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490041

CROSS-REFERENCE: 492304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 770901 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 006

RIVERSIDE HOSPITAL
J CLYDE MORRIS BLVD
NEWPORT NEWS VA 23601
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490052

CROSS-REFERENCE: 492306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 770801 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 012

NORFOLK GENERAL HOSP-ESRD
600 GRESHAM DR
NORFOLK VA 23507
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490007
CROSS-REFERENCE: 492300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 03 HSA: 05
DATE APPROVED: 770801 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 006

TIDEWATER RENAL DIALYSIS CENTER
1026 W. 44TH ST
NORFOLK VA 23505
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492502
BACKUP HOSPITAL: 490007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 05
DATE APPROVED: 770801 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 032

LEIGH DIALYSIS CLINIC
830 KEMPSVILLE RD
NORFOLK VA 23502
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 493500
BACKUP HOSPITAL: 490007
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 05
DATE APPROVED: 770801 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 018

PETERSBURG GENERAL HOSPITAL
801 S. ADAMS ST
PETERSBURG VA 23803
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490067
CROSS-REFERENCE: 492307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 03 HSA: 04
DATE APPROVED: 770801 MSA: 6760
NUMBER OF DIALYSIS STATIONS: 012

PORTSMOUTH GENERAL HOSP
850 CRAWFORD PKWY
PORTSMOUTH VA 23704
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490074
CROSS-REFERENCE: 492309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-GOVERNMENT NON-FEDERAL
HCFA REGION: 03 HSA: 05
DATE APPROVED: 770801 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 016

BMA OF NEW RIVER VALLEY INC
1217 GROVE AVE
RADFORD VA 24141
INTERMEDIARY NO: 00424
RENAL NETWORK = 30
PROVIDER NO: 492532
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 830526 MSA:
NUMBER OF DIALYSIS STATIONS: 011

MEDICAL COLLEGE OF VA
1200 E BROAD ST
RICHMOND VA 23298
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490032
CROSS-REFERENCE: 492303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 03 HSA: 04
DATE APPROVED: 770801 MSA: 6760
NUMBER OF DIALYSIS STATIONS: 016

RICHMOND MEMDRIAL HDSP
1300 WESTWDDD AVE
RICHMDND VA 23261
INTERMEDIARY ND: 00423
RENAL NETWDRK = 30
PROVIDER ND: 490069
CRDSS-REFERENCE: 492308
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMDDIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNOITIONAL
TYPE DF OWNERSHIP: CDRPDRATIDN-NDT FDR PRDFIT
HCFA REGIDN: 03 HSA: 04
DATE APPRDVED: 770801 MSA: 6760
NUMBER DF DIALYSIS STATIDNS: 025

VA HDSP
1200 BRDAD RDCK RD
RICHMDND VA 23249
INTERMEDIARY ND: 99990
RENAL NETWDRK = 30
PROVIDER ND: 4901OF
CRDSS-REFERENCE: 492310
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL TRANSPLANT-UNCDNDITIDNAL
TYPE DF DWNERSHIP: VETERANS ADMINISTRATIDN - GOVERNMENT FEDERAL
HCFA REGION: 03 HSA: 04
DATE APPRDVED: 770801 MSA: 6760
NUMBER DF DIALYSIS STATIDNS: 018

HENRICO DIALYSIS CTR
118 LIBBIE AVE
RICHMDND VA 23226
INTERMEDIARY ND: 00423
RENAL NETWDRK = 30
PROVIDER NO: 492503
BACKUP HOSPITAL: 490007
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF OWNERSHIP: INDIVIDUAL-FDR PRDFIT
HCFA REGIDN: 03 HSA: 04
DATE APPROVED: 770901 MSA: 6760
NUMBER DF DIALYSIS STATIDNS: 010

COMMUNITY DIALYSIS SERVICES
5855 BREMD RD.,SUITE G-3
RICHMDND VA 23226
INTERMEDIARY NO: 00423
RENAL NETWDRK = 30
PRDVIDER NO: 492506
BACKUP HOSPITAL: 490007
APPROVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-CDNDITIONAL
TYPE DF DWNERSHIP: CDRPORATIDN-FDR PRDFIT
HCFA REGIDN: 03 HSA: 04
DATE APPROVED: 770801 MSA: 6760
NUMBER DF DIALYSIS STATIDNS: 016

MC GUIRE CLINIC DIALYSIS CTR
2502 PDCDSHDCK PLACE
RICHMDND VA 23225
INTERMEDIARY ND: 00423
RENAL NETWDRK = 30
PROVIDER ND: 492519
BACKUP HDSPITAL: 490069
APPROVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FDR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800421 MSA: 6760
NUMBER OF DIALYSIS STATIONS: 010

ROANDKE MEMDRIAL HDSP
BDX 13367 BELLEVIEW AT JEFFERSON
RDANDKE VA 24033
INTERMEDIARY ND: 00424
RENAL NETWDRK = 30
PROVIDER NO: 490024
CRDSS-REFERENCE: 492302
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMDDIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF DWNERSHIP: CDRPDRATIDN-NOT FDR PROFIT
HCFA REGION: 03 HSA: 03
DATE APPROVED: 770801 MSA: 6800
NUMBER OF DIALYSIS STATIDNS: 007

BMA DF RDANDKE INC
4330 BRAMBLETDN AVENUE
RDANDKE VA 24018
INTERMEDIARY ND: 00424
RENAL NETWDRK = 30
PRDVIDER ND: 492513
BACKUP HOSPITAL: 490009
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMDDIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATION-FOR PRDFIT
HCFA REGION: 03 HSA: 03
DATE APPRDVED: 770926 MSA: 6800
NUMBER OF DIALYSIS STATIONS: 011

VETERAN'S MEDICAL CENTER
1970 ROANOKE BLVD
SALEM VA 24153
INTERMEDIARY NO: 99990
RENAL NETWORK = 30
PROVIDER NO: 49011F
CROSS-REFERENCE: 492311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL
HCFA REGION: 03 HSA: 03
DATE APPROVED: 770801 MSA: 6800
NUMBER OF DIALYSIS STATIONS: 005

SOUTH BOSTON DIALYSIS FACILITY
2212 HALIFAX RD
SO BOSTON VA 24592
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492516
BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 790723 MSA:
NUMBER OF DIALYSIS STATIONS: 009

AUGUSTA COUNTY DIALYSIS FACILITY
IDLEWOOD BLVD
STAUNTON VA 24401
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492528
BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 820819 MSA:
NUMBER OF DIALYSIS STATIONS: 009

ARTIFICIAL KIDNEY CENTER OF SUFFOLK
1900 N MAIN ST
SUFFOLK VA 23434
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492530
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 830119 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 009

VIRGINIA BEACH DIALYSIS CENTER
1127 FIRST COLONIAL RD.
VIRGINIA BEACH VA 23413
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492517
BACKUP HOSPITAL: 490074
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 790820 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 009

WARRENTON DIALYSIS FACILITY INC
578 WATERLOO RD
WARRENTON VA 23669
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492525
BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800824 MSA:
NUMBER OF DIALYSIS STATIONS: 009

WINCHESTER DIALYSIS CENTER
811 S LOUDOUN ST
WINCHESTER VA 22601
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492523
BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800723 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 011

PRINCE WILLIAM DIALYSIS FACILITY INC.
14904 JEFFERSON DAVIS HGWY SUITE
WOODBRIDGE VA 22191
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 492521

BACKUP HOSPITAL: 090001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800630
NUMBER OF DIALYSIS STATIONS: 009

HSA:
MSA: 8840

LAKE WASHINGTON KIONEY CTR
1231 116TH AVE NE
BELLEVUE WA 98004
INTERMEOIARY NO: 00430
RENAL NETWORK = 02
PROVIOER NO: 502505
BACKUP HOSPITAL: 500008
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10
OATE APPROVEO: 810831
NUMBER OF OIALYSIS STATIONS: 007
HSA:
MSA: 7600

MOUNT BAKER KIONEY CENTER
3201 ELLIS ST
BELLINGHAM WA 98225
INTERMEOIARY NO: 00430
RENAL NETWORK = 02
PROVIOER NO: 502501
BACKUP HOSPITAL: 500108
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 10
DATE APPROVEO: 800714
NUMBER OF OIALYSIS STATIONS: 004
HSA:
MSA: 0860

OLYMPIC PENINSULA KIONEY CENTER
2601 CHERRY AVE.
BREMERTON WA 98310
INTERMEOIARY NO: 00430
RENAL NETWORK = 02
PROVIOER NO: 502502
BACKUP HOSPITAL: 500008
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 10
OATE APPROVEO: 801016
NUMBER OF OIALYSIS STATIONS: 005
HSA:
MSA: 1150

PUGET SOUNO KIONEY CTR
3226 NASSAU
EVERETT WA 98201
INTERMEOIARY NO: 00430
RENAL NETWORK = 02
PROVIOER NO: 502503
BACKUP HOSPITAL: 500008
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10
OATE APPROVEO: 810415
NUMBER OF OIALYSIS STATIONS: 009
HSA:
MSA: 7600

MIO COLUMBIA KIONEY CENTER
943 STEVENS AVE
RICHLANO WA 99352
INTERMEOIARY NO: 00430
RENAL NETWORK = 02
PROVIOER NO: 502504
BACKUP HOSPITAL: 500008
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10
DATE APPROVEO: 810325
NUMBER OF OIALYSIS STATIONS: 002
HSA:
MSA: 6740

COACH HOUSE OIALYSIS
4707 24TH AVE NE
SEATTLE WA 98105
INTERMEOIARY NO: 00430
RENAL NETWORK = 02
PROVIOER NO: 502507
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10
DATE APPROVEO: 830801
NUMBER OF OIALYSIS STATIONS: 004
HSA:
MSA: 7600

VIRGINIA MASON HOSPITAL
925 SENECA STREET
SEATTLE WA 98101
INTERMEOIARY NO: 00430
RENAL NETWORK = 02
PROVIOER NO: 500005
CROSS-REFERENCE: 502300
APPROVEO AS: TRANSPLANT CENTER
STAFF-ASSISTEO SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10
OATE APPROVEO: 770901
NUMBER OF OIALYSIS STATIONS: 000
HSA: 01
MSA: 7600

UNIVERSITY HOSPITAL
1959 NE PACIFIC ST
SEATTLE WA 98195
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 500008
CROSS-REFERENCE: 502301
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 7600
NUMBER OF DIALYSIS STATIONS: 000

SWEDISH HOSPITAL MEDICAL CENTER
747 SUMMIT AVENUE
SEATTLE WA 98104
INTERMEDIARY NO: 51500
RENAL NETWORK = 02
PROVIDER NO: 500027
CROSS-REFERENCE: 502304
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 7600
NUMBER OF DIALYSIS STATIONS: 000

CHILDRENS ORTHOPEDIC HOSP
4800 SAND POINT WAY NE
SEATTLE WA 98105
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 500103
CROSS-REFERENCE: 502306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 7600
NUMBER OF DIALYSIS STATIONS: 002

NORTHWEST KIDNEY CENTER
700 BROADWAY
SEATTLE WA 98122
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 502500
BACKUP HOSPITAL: 500027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 7600
NUMBER OF DIALYSIS STATIONS: 042

SACRED HEART MEDICAL CENTER
W 101 8TH AVE
SPOKANE WA 99204
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 500054
CROSS-REFERENCE: 502305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA: 04
DATE APPROVED: 811016 MSA: 7840
NUMBER OF DIALYSIS STATIONS: 012

ST JOSEPH HOSPITAL HEALTH CARE CTR
1718 SOUTH 'I' STREET
TACOMA WA 98405
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 500108
CROSS-REFERENCE: 502307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 8200
NUMBER OF DIALYSIS STATIONS: 012

VANCOUVER KIDNEY CENTER
505 NE 87TH AVE
VANCOUVER WA 98664
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 502506
BACKUP HOSPITAL: 380017
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA:
DATE APPROVED: 811218 MSA: 8725
NUMBER OF DIALYSIS STATIONS: 008

CENTRAL WASHINGTON HEALTH SVCS ASSN
ROSEWOOO AT RED APPLE RD
WENATCHEE WA 98801
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 500016

CROSS-REFERENCE: 502303
APPROVEO AS: DIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 03
OATE APPROVEO: 770901 MSA:
NUMBER OF OIALYSIS STATIONS: 002

ST ELIZABETH MEOICAL CTR
110 SOUTH 9TH AVE
YAKIMA WA 98902
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 500012

CROSS-REFERENCE: 502302
APPROVED AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 03
DATE APPROVEO: 770901 MSA: 9260
NUMBER OF OIALYSIS STATIONS: 005

RALEIGH GENERAL HOSP
1710 HARPER ROAD
BECKLEY WV 25801
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 510070
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800811 MSA:
NUMBER OF DIALYSIS STATIONS: 005

SOUTHERN WEST VA REGIONAL HEALTH CO
RT 2 BOX 382
BLUEFIELD MERCER WV 24701
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 512501
BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 010

WEST VIRGINIA DIALYSIS FACILITIES INC
PO BOX 3367
CHARLESTON WV 25333
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 512503
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800512 MSA: 1480
NUMBER OF DIALYSIS STATIONS: 017

CABELL-HUNTINGTON HOSP
1340 HAL GREER BLVD
HUNTINGTON WV 25701
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 510055
CROSS-REFERENCE: 512306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY/COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 3400
NUMBER OF DIALYSIS STATIONS: 019

MAN APPALACHIAN REGIONAL HOSP
600-800 E MCDONALD AVE
MAN WV 25635
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 510035
CROSS-REFERENCE: 512304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 002

MARTINSBURG DIALYSIS FACILITY
608 ROCKCLIFF DR
MARTINSBURG WV 25401
INTERMEDIARY NO: 52280
RENAL NETWORK = 30
PROVIDER NO: 512502
BACKUP HOSPITAL: 090011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 790219 MSA:
NUMBER OF DIALYSIS STATIONS: 008

WEST VIRGINIA UNIVERSITY HOSP
P.O. BOX 8450
MORGANTOWN WV 26506
INTERMEDIARY NO: 00444
RENAL NETWORK = 30
PROVIDER NO: 510001
CROSS-REFERENCE: 512300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 800125 MSA:
NUMBER OF DIALYSIS STATIONS: 013

ST JOSEPHS HOSP
19TH & MURDOCH AVE
PARKERSBURG WV 26101
INTERMEDIARY NO: 00443
RENAL NETWORK = 30
PROVIDER NO: 510033

CROSS-REFERENCE: 512303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800523
NUMBER OF DIALYSIS STATIONS: 008

HSA: 01
MSA: 6020

WHEELING DIALYSIS CENTER
MEDICAL PARK
WHEELING WV 26003
INTERMEDIARY NO: 00444
RENAL NETWORK = 30
PROVIDER NO: 510050

CROSS-REFERENCE: 512305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770907
NUMBER OF DIALYSIS STATIONS: 010

HSA: 01
MSA: 9000

LUTHER HOSPITAL
310 CHESTNUT ST
EAU CLAIRE WI 54701
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520070

CROSS-REFERENCE: 522311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 2290
NUMBER OF DIALYSIS STATIONS: 014

ST VINCENT HOSPITAL
835 S VAN BUREN ST BOX 1221
GREEN BAY WI 54301
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520075

CROSS-REFERENCE: 522312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 04
DATE APPROVED: 770901 MSA: 3080
NUMBER OF DIALYSIS STATIONS: 009

ST CATHERINES HOSPITAL
3556 7TH AVE
KENOSHA WI 53140
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520069

CROSS-REFERENCE: 522310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 3800
NUMBER OF DIALYSIS STATIONS: 004

LA CROSSE LUTHERAN HOSPITAL
1910 SOUTH AVENUE
LA CROSSE WI 54601
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520087

CROSS-REFERENCE: 522313
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 3870
NUMBER OF DIALYSIS STATIONS: 009

METHODIST HOSPITAL
309 WEST WASHINGTON AVENUE
MADISON WI 53703
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520043

CROSS-REFERENCE: 522305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 4720
NUMBER OF DIALYSIS STATIONS: 010

UNIVERSITY OF WISCONSIN HOSPITALS
600 HIGHLAND AVE
MADISON WI 53706
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520098

CROSS-REFERENCE: 522316
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 4720
NUMBER OF DIALYSIS STATIONS: 007
TRANSPLANT-UNCONDITIONAL

MARINETTE GENERAL HOSPITAL
3100 SHORE DRIVE
MARINETTE WI 54143
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520113

CROSS-REFERENCE: 522317
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 04
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 002

ST JOSEPHS HOSP
611 ST JOSEPH AVENUE
MARSHFIELD WI 54449
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520037

CROSS-REFERENCE: 522302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA:
NUMBER OF DIALYSIS STATIONS: 009

ST MICHAEL HOSPITAL
2400 WEST VILLARD AVENUE
MILWAUKEE WI 53209
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520040

CROSS-REFERENCE: 522304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 009

ST MARYS HOSP
2320 NORTH LAKE DRIVE
MILWAUKEE WI 53211
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520051

CROSS-REFERENCE: 522307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 006

MT SINAI MEDICAL CTR
950 NORTH ST
MILWAUKEE WI 53233
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520064

CROSS-REFERENCE: 522308
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 004

DEACONESS HOSPITAL
620 NORTH 19TH ST
MILWAUKEE WI 53233
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520067

CROSS-REFERENCE: 522309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 011

ST LUKES HOSPITAL
2900 WEST OKLAHOMA AVENUE
MILWAUKEE WI 53215
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520138

CROSS-REFERENCE: 522318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 010

KURTIS FROEPERT MEMORIAL LUTHERAN HOSP
9200 WISCONSIN AVE
MILWAUKEE WI 53226
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520177

APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
MINIMUM UTILIZATION RATES: TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 810430 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 009

THEOA CLARK MEM HOSP
130 2NO ST
NEENAH WI 54956
INTERMEOIARY NO: 00450
RENAL NETWORK = 13
PROVIOER NO: 520045

CROSS-REFERENCE: 522306
APPROVEO AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 03
OATE APPROVEO: 770901 MSA: 0460
NUMBER OF OIALYSIS STATIONS: 000

FOX VALLEY REGIONAL OIALYSIS CENTER
216 N. COMMERCIAL STREET
NEENAH WI 54956
INTERMEOIARY NO: 00450
RENAL NETWORK = 13
PROVIOER NO: 522500

BACKUP HOSPITAL: 520045
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 03
OATE APPROVEO: 770901 MSA: 0460
NUMBER OF OIALYSIS STATIONS: 017

ST LUKES HOSPITAL
1320 WISCONSIN AVENUE
RACINE WI 53403
INTERMEOIARY NO: 00450
RENAL NETWORK = 13
PROVIOER NO: 520094

CROSS-REFERENCE: 522315
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
OATE APPROVEO: 770901 MSA: 6600
NUMBER OF OIALYSIS STATIONS: 013

LAKEVIEW MEOICAL CENTER
1100 NORTH MAIN ST
RICE LAKE WI 54868
INTERMEOIARY NO: 00450
RENAL NETWORK = 13
PROVIOER NO: 520011

CROSS-REFERENCE: 522320
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 05
OATE APPROVEO: 780301 MSA:
NUMBER OF OIALYSIS STATIONS: 003

ST NICHOLAS HOSP
1601 N TAYLOR OR
SHEBOYGAN WI 53081
INTERMEOIARY NO: 00450
RENAL NETWORK = 13
PROVIOER NO: 520044

APPROVEO AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
OATE APPROVEO: 820315 MSA: 7620
NUMBER OF OIALYSIS STATIONS: 003

ST MICHAELS HOSP
900 ILLINOIS ST
STEVENS POINT WI 54481
INTERMEOIARY NO: 00450
RENAL NETWORK = 13
PROVIOER NO: 520002

CROSS-REFERENCE: 522300
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
OATE APPROVEO: 770901 MSA:
NUMBER OF OIALYSIS STATIONS: 006

WAUPUN MEMORIAL HOSPITAL
620 W BROWN ST
WAUPUN WI 53963
INTERMEOIARY NO: 00450
RENAL NETWORK = 13
PROVIOER NO: 520025

CROSS-REFERENCE: 522301
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
OATE APPROVED: 770901 MSA:
NUMBER OF OIALYSIS STATIONS: 006

HOWARD YOUNG MEDICAL CTR
240 MAPLE ST
WOODRUFF WI 54568
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520091

CROSS-REFERENCE: 522314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 006

HSA: 06
MSA:

SOUTHEASTERN WYOMING DIALYSIS CTR
1111 LOGAN AVE
CHEYENNE WY 82001
INTERMEDIARY NO: 00460
RENAL NETWORK = 05
PROVIDER NO: 532501

BACKUP HOSPITAL: 060032
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 780123
NUMBER OF DIALYSIS STATIONS: 007

HSA: 01
MSA:

LBJ TROPICAL MEDICAL CENTER
VILLAGE OF FAGAALU
PAGO PAGO 96799
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 640001

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA:
DATE APPROVED: 820624 MSA:
NUMBER OF DIALYSIS STATIONS: 002

GUAM MEM HOSP
P O BOX AX
AGANA GU 96910
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 650001

CROSS-REFERENCE: 652300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770812
NUMBER OF DIALYSIS STATIONS: 006

HSA: 01
MSA:

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